Government of the District of Columbia
Child & Family Services Agency

The District of Columbia's Self-Assessment for Round Two of the CFSR

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General Information

Statewide Assessment Instrument

Name of State Agency
District of Columbia Child and Family Services Agency
Period Under Review
Onsite Review Sample Period: April 1, 2006 – September 30, 2006 (foster care cases) April 1, 2006 – November 30, 2006 (in-home cases) Period of AFCARS Data: FY 2005 Period of NCANDS Data (or other approved source; please specify if alternative data source is used): FY 2005

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CHILD SAFETY PROFILE	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	4,660		10,960		9,593		4,977		12,074		10,189		4,958		11,950		10,423	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	1,453	31.2	2,518	23.0	2,337	24.4	1,381	27.7	2,378	19.7	2,115	20.8	1,748	35.3	2,840	23.8	2,690	25.8
Unsubstantiated	2,971	63.8	4,819	44.0	4,183	43.6	1,172[A]	23.5	2,006	16.6	1,794	17.6	2,690[A]	54.3	4,155	34.8	3,601	34.5
Other	236	5.1	3,623	33.1	3,073	32.0	2,424	48.7	7,690	63.7	6,280	61.6	520	10.5	4,955	41.5	4,132	39.6
III. Child Cases Opened for Services[4]			2,368	94	2,195	93.9			2,351	98.9	2,089	98.8			2,799	98.6	2,652	98.6
IV. Children Entering Care Based on CA/N Report[5]			722	28.7	638	27.3			690	29	569	26.9			610	21.5	568	21.1
V. Child Fatalities[6]					6	0.3					5	0.2					2	0.1
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more)											989 of 1,131	87.4					1,262[B] of 1,333	94.7
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]											3,849 3,860	99.72					3,528 of 3,540	99.66

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Hours				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**
VIII. Median Time to Investigation in Hours (Child File)[9]							<24 hours						<24 hours					
IX . Mean Time to Investigation in Hours (Child File)[10]							55.9						32.4					
X. Mean Time to Investigation in Hours (Agency File)[11]	34						43						29					
XI. Children Maltreated by Parents While in Foster Care.[12]											6 of 3860	0.16						

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					98 of 1,215	8.1					142 of 1,131	12.6					71 of 1,333	5.3
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					16 of 3,701	0.43					4 of 3,619	0.11					11 of 3,267	0.34

NCANDS data completeness information for the CFSR			
Description of Data Tests	**Fiscal Year 2003**	**Fiscal Year 2004**	**Fiscal Year 2005**
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	7.2	10.9	5.4
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	100	100	100
Percent of perpetrators with relationship to victim reported [File must have at least 75%]	98.1	90.8	86.9
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	100	100
Average time to investigation in the Agency file [PART measure]	Reported	Reported	Reported
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	6.2	5.1	6.2, but no matches found

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with Safety Outcome #1.

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States

calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. In FFY2004, there was a decrease in "Unsubstantiated" category for maltreatment dispositions and report dispositions and an increase in "Closed, No Findings" dispositions. The District's disposition values changed to comply with an amendment to a District of Columbia law, "The Prevention of child Abuse and Neglect Act of 1977 (DC law 2-22; DC Official Code 4-1301.02).
In FFY2005, there was an increase in "Unsubstantiated" category for maltreatment dispositions. The Stats provided the following explanation: "The District's practice for this segment did not changed from our 2004 submission. The data is based on the input of the social workers."

B. In FFY2005, the State provided the following comment regarding the decrease in percent of maltreatment recurrence: "The District continues to place a great deal of value and concern on the number of recurrences of maltreatment among child victims. The District analyzed contributing factors and implemented ongoing interventions needed to reduce recurrences and promote better outcomes for children. The District entered into more collaborative initiatives which improved the outcomes for our children. The improvements are noted in this outcome measure."

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	3,320		3,195		2,715	
Admissions during year	688		665		825	
Discharges during year	749		1,000		1,030	
Children discharging from FC in 7 days or less	45		28		52	
Children in care on last day of year	3,259		2,860		2,510	
Net change during year	-61		-335		-205	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	306	9.4	512	17.9	339	13.5
Foster Family Homes (Relative)	639	19.6	395	13.8	456	18.2
Foster Family Homes (Non-Relative)	1,432	43.9	1,119	39.1	1,008	40.2
Group Homes	421	12.9	211	7.4	166	6.6
Institutions	364	11.2	145	5.1	128	5.1
Supervised Independent Living	0	0.0	195	6.8	188	7.5
Runaway	72	2.2	36	1.3	22	0.9
Trial Home Visit	0	0.0	0	0.0	0	0.0
Missing Placement Information	25	0.8	247	8.6	203	8.1
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	644	19.8	564	19.7	582	23.2
Live with Other Relatives	3	0.1	9	0.3	8	0.3
Adoption	1,164	35.7	859	30.0	613	24.4
Long Term Foster Care	57	1.7	29	1.0	543	21.6
Emancipation	428	13.1	792	27.7	213	8.5
Guardianship	468	14.4	370	12.9	327	13.0
Case Plan Goal Not Established	495	15.2	26	0.9	43	1.7
Missing Goal Information	0	0.0	211	7.4	181	7.2

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	782	24.0	822	28.7	592	23.6
Two	880	27.0	721	25.2	663	26.4
Three	542	16.6	424	14.8	364	14.5
Four	363	11.1	285	10.0	242	9.6
Five	225	6.9	180	6.3	188	7.5
Six or more	467	14.3	374	13.1	427	17.0
Missing placement settings	0	0.0	54	1.9	34	1.4
V. Number of Removal Episodes						
One	2,469	75.8	1,991	69.6	1,834	73.1
Two	561	17.2	638	22.3	503	20.0
Three	156	4.8	163	5.7	125	5.0
Four	43	1.3	42	1.5	29	1.2
Five	20	0.6	18	0.6	14	0.6
Six or more	8	0.2	5	0.2	2	0.1
Missing removal episodes	2	0.1	3	0.1	3	0.1
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	1,565	73.6	1,140	71.4	943	64.9
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	43.0		41.6		31.9	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	336	4.4	267	8.0	346	4.4
Adoption	277	58.0	357	53.0	309	50.8
Guardianship	58	35.1	239	37.1	215	39.9
Other	78	67.0	136	64.9	160	66.0
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	0	--
Total discharges (excluding those w/ problematic dates)	749	36.3	999	40.8	1,030	36.4
Dates are problematic (footnote 4, page 16)	0	N/A	1	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2003ab	**Federal FY 2004ab**	**Federal FY 2005ab**
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	N/A	State Score = 82.9	State Score = 97.8
National Ranking of State Composite Scores (see footnote A on page 12 for details)		2 of 47	7 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]		51.5%	71.2%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]		Median = 11.4 months	Median = 5.3 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]		29.2%	29.4%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]		18.3%	24.5%

	Federal FY 2003ab	Federal FY 2004ab	Federal FY 2005ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	N/A	State Score = 77.1	State Score = 90.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)		13 of 47	20 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]		7.3%	7.5%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]		Median = 52.9 months	Median = 50.8 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]		18.5%	20.5%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]		6.6%	7.2%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]		76.3%	87.4%

	Federal FY 2003ab	Federal FY 2004ab	Federal FY 2005ab
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	N/A	State Score = 106.8	State Score = 115.3
National Ranking of State Composite Scores (see footnote A on page 12 for details)		16 of 51	24 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**		27.2%	32.1%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**		99.7%	99.7%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**		65.2%	61.2%

	Federal FY 2003ab	Federal FY 2004ab	Federal FY 2005ab
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	N/A	State Score = 110.7	State Score = 98.5
National Ranking of State Composite Scores (see footnote A on page 12 for details)		44 of 51	38 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**		87.7%	82.3%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**		72.7%	63.7%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**		53.6%	42.9%

Special Footnotes for Composite Measures:

A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

Section III
Introduction

The Child and Family Services Agency (CFSA) is the District of Columbia's government agency responsible for investigating reports of child abuse and neglect and providing child protection, foster care, adoption, supportive, and community-based services to enhance the safety, permanence, and well-being of abused, neglected, and at-risk children in the District of Columbia.

As a result of a lawsuit brought against the District of Columbia's Department of Human Services (*LaShawn A. v. Barry*), the City established CFSA as a cabinet-level Agency in 2001. Further, in conjunction with the Court monitor, CFSA created the *LaShawn* Implementation Plan to reform child welfare in the District of Columbia. The Implementation Plan set the outcomes to be met and the strategies that the District would implement to achieve compliance with the child welfare reforms required under the *LaShawn A. v. Williams Modified Final Order* (now *LaShawn A. v. Fenty*). An Amended Implementation Plan (AIP) was approved by the Court in February 2007 and establishes outcomes and activities through December 31, 2008. These amendments and revised outcomes occurred during the writing of this Statewide Assessment plan.

The AIP recognizes that CFSA has demonstrated strong performance in areas such as timeliness of investigations, administrative reviews and permanency hearings; maintaining a computerized Management Information System (FACES); completing social worker visits to families; and conducting and developing needs assessments and resource development plans. The Agency is charged with sustaining performance in these areas. The AIP also outlines strategic action steps for achieving and maintaining outcomes.

2001 Child and Family Services Review

At the time of the last CFSR (July 2001), CFSA was transitioning from federal receivership to an independent cabinet-level Agency. The same legislation also gave CFSA investigative and case management authority over both neglect and abuse cases, ending the historically bifurcated abuse and neglect system in the District. During this transition, the Agency began conducting joint investigations with the Metropolitan Police Department and assumed responsibility and authority for all the child abuse cases that had previously been vested in the Superior Court Social Services. Within this new context, the Agency was working to develop a strong organizational management structure, strengthen staff recruitment and retention strategies, refine its federally-approved State Automated Child Welfare Information System (SACWIS - known locally as FACES), and develop policies, training programs, and internal quality assurance programs.

The 2001 CFSR resulted in a Program Improvement Plan (PIP). At the end of the PIP (2006), the Administration for Children and Families (ACF) determined that CFSA met all but one performance benchmark in its CFSR PIP. This substantial conformity with 99% of its PIP reflects CFSA's commitment to meet the needs of clients, and achieve national standards with respect to child welfare case practice. CFSA's ability to reach so many of its goals (both from the LaShawn benchmarks and the CFSR PIP) reflects the continuing support of the Mayor, the Council, stakeholders and partners, and the children, families, and communities of the District. Each of CFSA's accomplishments to date is in large part due to the active participation of CFSA's stakeholders.

CFSA Today

CFSA continues to make significant progress moving the Agency toward full compliance with national standards as it ensures the safety, permanence and well-being of children and families. The Agency is proud of achievements such as: certification of CFSA's information system (FACES) as a SACWIS system; a near 99% rate for conducting timely administrative reviews and permanency hearings; completion of the majority of child abuse/neglect investigations within 30 days; provision of valuable short-term housing assistance to families and youth aging out of care through the Rapid Housing Program; improvement of outcomes for children and families; strengthened case practice in the first full year of Family Team Meetings; and increased capacity to place children quickly and safely in family settings through the temporary kinship foster home licensing program. CFSA also devoted a significant amount of attention to workforce development. As a result and with a workforce largely of master's level social workers, CFSA reduced its staff vacancy rate and new staff who are employed by the Agency receive quality pre-service training, which includes on-the-job experience prior to taking on a full caseload.

The safety, well-being and permanency of children in the District of Columbia has traveled a long and arduous path since the Modified Final Order of 1993, which initially set forth the vision and accountability that today's CFSA staff advances. The Agency's diligent efforts to achieve these early performance standards were supported by over sixteen key implementation strategies as outlined by the Final Implementation Plan in 2003. Yet still, some standards prove more difficult to meet and CFSA therefore willingly accepts the challenge to perfect its efforts to achieve and surpass the rigorous performance benchmarks of the Amended Implementation Plan of 2007.

CFSA's Practice Model obliges all Agency staff to ensure steady improvement for providing quality services and achieving benchmark outcomes. Through the dedicated efforts of all managers, who review and analyze data to inform their decisions, individual performance expectations are raised at every level. Together, direct service workers and managers are rapidly changing the culture from "isolationism" to a shared accountability and transparency for keeping children safe and healthy while moving them to permanence.

Six fundamental initiatives undergird these milestones since the last CFSR. Framed by the CFSA Practice Model, Structured Decision Making (SDM), Family Team Meetings (FTMs), the Permanency Re-design, the In-Home Redesign, and creative use of the Collaboratives has been critical to improving service delivery to children and families. These initiatives will be described fully in this introduction, and referenced throughout the Statewide Assessment, as they are integral to the success of the Agency.

The Practice Model

In 2006, CFSA established new principles for case practice – a Practice Model - that guides the work of social workers and support staff. The Practice Model stresses engagement of the child and family in decision-making. The Practice Model articulates four principal outcomes: children are safe; families are strengthened; children and teens have permanence; child and teen developmental needs are met. The principles ensure that each case plan addresses the child's safety, permanency, and well being. All staff, both program and administrative, have been trained on the Practice Model. (See *Appendix A.*)

Structured Decision Making
In April 2006, CFSA implemented use of SDM tools. The goals of SDM are to: (1) reduce subsequent maltreatment to children and families; (2) reduce subsequent referrals; (3) reduce subsequent substantiations; (4) reduce subsequent injuries; (5) reduce subsequent foster placements; and (6) expedite permanency for children.

SDM tools are used at critical points during the life of a case (see *Appendix B*) and ensure that critical case characteristics, safety concerns, and domains of family functioning are assessed for every family, every time they are utilized. The SDM Protocol Manual states that the worker will complete the Family Risk Assessment tool and obtain an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. These assessments are to be completed every 90 days. The Family Risk Reassessment tool for in-home cases is used in all open cases in which all children remain in the home, or cases in which all children have been returned home and family maintenance services are being provided. The tool is used in conjunction with each case plan review at least every 90 days and is to be completed sooner if there are new circumstances or new information that would affect risk.

Family Team Meetings
In January 2005, CFSA implemented the Family Team Meeting (FTM) initiative to strengthen decision making for service delivery to children and their families (see *Appendix C*). This strength-based family conferencing method brings families, community members, and child welfare professionals together in a shared context to discuss the needs of the child and the capacity of the family to meet those needs. FTMs are to be held at several key points – removal, risk of removal, risk of placement change. FTMs facilitate practice improvement by increasing stakeholder participation in planning and decision-making. In placement FTMs, the focus is on assessing the needs of the child and foster parent and identifying services that could prevent the placement disruption. Members of the family, social workers, biological parents and foster parents may also request an FTM at any point in the life of a case to assist the family team with making decisions

Recommendations are developed with the family and child in mind and a course of action is mapped out. Implementation of the plan then becomes the responsibility of the meeting participants and is monitored by the social worker. Family Team Meetings involve assessments of the safety and needs of both children and parents and focus on creating plans for safety and permanence.[1]

The American Human Association (AHA) conducted a thorough evaluation of CFSA's FTM initiative and issued a report of its findings.[2] A summary of AHA's findings can be found in *Appendix C*.

Permanency Planning Re-Design
CFSA is now taking a new step to achieve permanence for even more children and youths more quickly. The Agency spent many months researching best practices for achieving permanence for children, developing an approach to meet local needs, and planning how best to implement such a broad-based internal change. A work group of social workers and other agency employees made recommendations that informed an overall change strategy.

[1] From policy on Family Team Meetings, January 29, 2007
[2] *Family Team Meeting (FTM) Process, Outcome and Impact Evaluation Phase II Report: Autumn 2006*

As a result, CFSA adapted a new collaborative model of permanency practice from several states that explored similar methods, particularly Tennessee. During the first half of 2007, CFSA has been expanding from 24 units of social workers serving out-of-home cases in three agency administrations to 29 units in four administrations. The Agency is also disbanding the existing Adoption and Guardianship units and embedding specialized permanency planning social workers in each out-of-home unit. Within each unit, out-of-home social workers and the permanency planning social worker will function as a team from opening through closing of every case.

The many benefits of implementing this approach for children, families, social workers, and the child welfare system include:

1) Reorganization of Program Operations to better support CFSA values and goals regarding the importance of permanence to a child's well being and in achieving those goals with urgency.
2) Increasing social worker and agency focus on permanence from the outset of every out-of-home case.
3) Consideration of all pathways to permanence, especially for the growing number of older District youths in out-of-home care.
4) Improvement of concurrent planning to further reduce length of stay in care for more children.
5) Elimination of disruptive and time-consuming case transfers in an effort to build and maintain consistent relationships between social workers and the children and families they serve.
6) Enhancement of teamwork among social workers around all pathways to permanence.

CFSA is implementing the new permanency model in phases from January through June 2007. The first phase, involving four out-of-home units in In-Home & Reunification Services, is already underway.

The In-Home Redesign

In March 2006, CFSA separated on-going social workers by caseload into in-home and out-of-home units. The recommendation for the split was based on a Quality Service Review (QSR) which found that in-home cases were not receiving the same level of attention as Court-driven foster care cases. The QSR also found that there was no standard in-home practice model to guide workers in their approach and interactions with families. CFSA created an in-home model committee to address this need. Concurrently, planning was underway for CFSA in-home staff to co-locate with the Healthy Families/Thriving Communities Collaboratives in the community. The planning committees for these two initiatives—the CFSA in-home model and co-location—merged in late 2006.

The joint in-home model committee has developed several documents to address practice with families whose children remain in the home, including a conceptual framework, a program logic model highlighting the family- and system-level outcomes sought, draft outcome indicators and instruments for measuring progress, a practice protocol to guide the work with families, and an initial plan for the types of training staff will need to make the paradigm shift necessary to practice community-based, family-focused work. The current plan also calls for five units to co-locate with five HFTC Collaboratives in July 2007. CFSA staff scheduled to move within this first phase will receive the Family Development Credentialing training, facilitated by the Collaboratives, prior to moving.

The Healthy Families/Thriving Communities Collaboratives

While CFSA is the agency responsible for ensuring the safety, permanence and well-being of the District's abused and neglected children, CFSA has historically used (since 1996) the Healthy

Families/Thriving Communities Collaboratives (HFTC) as its primary agent for the delivery of community-based child abuse and neglect prevention services (see *Appendix D* for HFTC Collaboratives' service areas). In the mid-nineties, the District initiated the HFTC Collaboratives in neighborhoods with elevated levels of reported child maltreatment with the thought of creating a community-based system of services and supports to assist families, thus improving the neighborhoods' economic viability and the residents' quality of life. By FY03, all of the Collaboratives were implementing the same core initiatives citywide as well as some unique services based on the needs and resources of their respective areas.

CFSA continues to contract with the HFTC Collaboratives, located in seven neighborhoods in the District with high concentrations of families who enter the child welfare system. The Collaboratives provide a range of services and access to resources for the families in their communities, including prevention services, community case management, information and referral, intervention services, supportive case management, foster parent and caregiver support, aftercare services for children and families whose cases have been closed with CFSA, community sites for visitation for children with their parents and siblings, and family group decision making services.

This community-based system of services remains a critical part of the family support infrastructure in the District and provides universally accessible services to families in their communities.

Promising Approach

In 2001, publication of regulations requiring the licensing and monitoring of District-based, private-provider foster and group homes, and independent living programs, represented a major step forward in ensuring the quality of placement settings for children and teens. Now, CFSA is working to extend performance requirements to outside providers through our contracts. CFSA conducted four public roundtables in support of the Agency's plans to convert its service contracts to Performance-Based Contracting (PBC) during FY07. In the new model, CFSA providers will be held accountable for achieving defined outcomes for children and families, and there will be financial incentives based on their outcome accomplishments. Implementation of this process is being guided by a nationally recognized expert in PBC. The Agency's current providers were active participants in the early planning activities. CFSA held internal meetings of its Performance-Based Contracting Steering Committee to make final decisions about the target population, structural model, scope of services, and financing structure for the procurement. Community meetings are now being held to engage stakeholders in the development of the final procurement which will be released this year. CFSA anticipates that implementation of PBC will improve outcomes for children/youth in foster care and expand the array of available placement resources.

Statewide Assessment

In preparation for the Child and Family Services Review, CFSA convened a Statewide Assessment Team to ensure community input. The team included representatives from District agencies (the Department of Health, the Department of Youth Rehabilitation Services, and the Department of Mental Health), the District Family Court System, the Foster and Adoptive Parent Advocacy Center, the Citizen's Review Panel, private child placement agencies, as well as the internal CFSA administrators and social workers. The Team was given the Assessment Instructions, and prior to each meeting, Team members were sent a draft document that had been prepared by the respective CFSA administrations as a starting point. Team members transmitted their comments on the initial drafts that were then distributed at the next Team meeting for discussion. Many of the Team members solicited comments from other stakeholders which enriched the inclusiveness of the

process. The process resulted in lengthy discussions that were lively and engaging. This Team provided the Agency with solid insight, honesty, knowledge and expertise of child welfare issues as it assessed the child welfare programs in the District of Columbia. Their comments are reflected throughout this assessment, not as a separate document. As such, this document truly reflects an assessment by the District. In addition, this Statewide Assessment Team showed an earnest desire to collaborate on the issues that would most benefit the children and families of the District. Some members agreed to work with us on areas we all acknowledged as concerns and others agreed to continue their service by participating as on-site review team members, or as stakeholders to be interviewed.

The Statewide Assessment contains many voices in addition to the administrations and the Statewide Assessment Team. Those voices include CFSA and private agency social workers, youth in our care (through focus groups), clinical staff at the Collaboratives, external stakeholders such as the Courts, and voices from the representatives of other agencies in the District of Columbia government. Other voices are heard through the inclusion of information from CFSA's Needs Assessments (available upon request). The *2003 and 2005 Needs Assessments* reflect views of birth parents, foster parents, teens, Clinical Directors from the Collaboratives, CFSA managers and administrators, attorneys in the Office of Attorney General, the Foster and Adoptive Parent Advocacy Center (FAPAC), Latino birth parents, and focus group participants discussing domestic violence issues, placement issues, community violence, and HIV/AIDS. The *2006 Assessment of District Programs to Prevent Child Abuse and Neglect* (Prevention Assessment) also gave voice to grandmothers with legal guardianship over grandchildren, parents in an emergency family shelter, fathers participating in a fatherhood support group at one of the Collaboratives, and mothers participating in an ESL course at a center for maternal and child care. Information on the accessibility and adequacy of District services was gleaned from these documents as well.

The District is proud of the progress made in improving its child welfare system. At the same time, we recognize there remain practice and resource areas that require continued work. We have crafted this Statewide Assessment document to give a realistic picture of the children and families served and the continuum of services that are available to them, not only from CFSA, but through intentional collaborations and community partnerships. From this document we are confident you will have a sense that child welfare service delivery in the District is not just about CFSA – but is a collaboration among public, private and community-based providers to meet the needs of the District's children and families.

Section III – Narrative Assessment of Child and Family Outcomes

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. *How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?*

Policy

Although the 2007 Amended Implementation Plan (AIP) states that investigations of child abuse and neglect shall be initiated within 48 hours, CFSA's policy is consistent with D.C. Law 15-341, "The Child in Need of Protection Amendment Act of 2004," requiring accepted reports of alleged child maltreatment (abuse and/or neglect) to be initially investigated as soon as possible, but no later than 24 hours after receipt of the report unless the report is prioritized as an emergency. All Priority Level One reports[3] shall be considered emergencies and responded to within 30 minutes. Priority Level Two cases are those in which the child does not have immediate protection needs, e.g., educational neglect.[4]

Initiation of an investigation includes seeing the child(ren) and talking with the child(ren) outside of the presence of the caretaker, or when the child(ren) cannot be located, making documented, good faith efforts to see the child(ren) who were the subject of the referral. During the initial investigation, all children in the home are interviewed, but this may not occur immediately, depending upon the location of the child at the time CPS contact is made (i.e., whether at school, home, etc). Good faith efforts include visiting the child's home, school, and day care as well as contacting the reporter, if known, to elicit additional information about the child's location. Contacts with the police shall be made for all allegations that involve moderate and high risk cases. Both the AIP and CFSA policy require investigations be completed within 30 days. Reports of abuse and neglect in foster homes and institutions are to be comprehensively investigated. Foster home investigations should be completed in 30 days and investigations involving group homes, day care settings or other congregate care settings shall be completed in 60 days.

CFSA maintains a 24-hour hotline for reporting allegations of child abuse and neglect. Each referral to the hotline is screened, reviewed and assigned on a continuous basis. Investigations are conducted by the Child Protective Services Administration (CPS), formerly Intake and Investigations. Using information obtained from the child, parent, and collateral sources, CPS staff members comprehensively assess facts to determine whether an allegation is ultimately substantiated. As of April 2006, all members of the CPS staff have been trained in the use of Structured Decision Making (SDM)[5] tools to assist in the determination of safety or risk levels for

[3] Level One reports include situations where a child may be in need of immediate protection or in imminent danger. Such situations include, but are not limited to child(ren) being left alone, uninhabitable living conditions, severe deprivation, plausible or credible threats of serious harm to the child, child fatality in the home, child exhibiting open or deep wounds, sexual offenses involving the child, malnutrition, burning and scalding, medical neglect and hospital, physician or police holding the child.
[4] Investigations Policy, September 30, 2003
[5] For a full discussion of SDM tools, please see the Introduction.

children and families involved in the investigation. New social work staff (including Investigators) also receives pre-service training on SDM tools, augmenting their skills for assessing safety and risk.

Practice

Since the last federal review, CFSA has made significant improvements in its investigations' practice and service delivery system. In addition to implementation of the SDM tools, CPS also initiated a case rotation schedule in 2006. This practice streamlines and reduces caseloads while promoting even distribution across all units, further increasing productivity. In conjunction with Family Team Meetings (FTMs),[6] rotation allows workers to initiate, close, and transfer cases to an in-home or foster care unit more quickly and more efficiently. Further, since June of 2006, CFSA has held daily screening panels to examine every referral for appropriateness, addressing disputes when necessary, and ensuring appropriate assignments to investigative workers either from the Institutional Abuse Unit, the Special Abuse Unit or a regular investigative unit.[7]

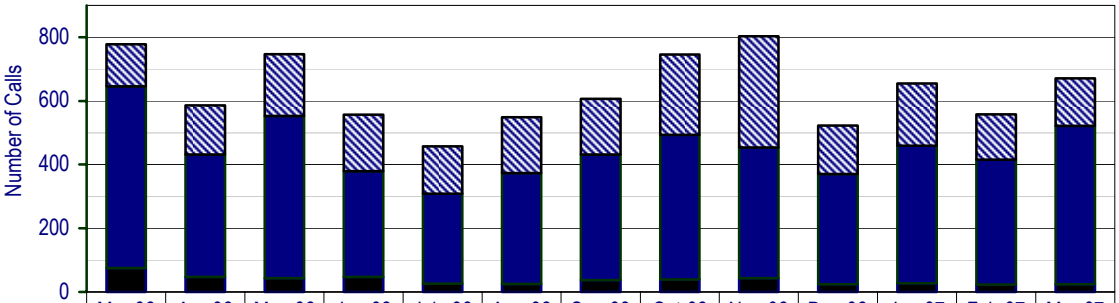
Performance

CFSA continuously monitors the status of investigations through FACES, the District's Statewide Automated Child Welfare Information System (SACWIS). Daily reports measure the number of investigations initiated within 24 and 48-hour time periods. These reports are then compiled, analyzed and used by CPS and other CFSA managers during supervision, performance reviews, and performance improvement planning. The CPS Administrator also uses FACES management reports during Administration meetings to review overall staff performance.

CFSA experiences a high volume of calls to the hotline. Of the hotline calls received in March 2007, 522 were initially screened as potentially involving child maltreatment. Just under half (149) were related to information and/or referrals, which is indicative of the general pattern of calls. Over the last year, there has been monthly fluctuation in the total number of calls received (See Figure 1).

[6] See Item 3, *Services to Families*, for a detailed discussion of Family Team Meetings.
[7] Institutional Abuse investigates all allegations of abuse/neglect involving children in out-of-home placement, as well as residential treatment facilities, group homes, independent living programs, or other institutions. Special Abuse investigates all allegations of sexual abuse and serious physical abuse. Regular Unit investigates all other cases that fall outside of the areas above.

Figure 1. Volume of Hotline Calls (March 2006 ~ March 2007)



	Mar-06	Apr-06	May-06	Jun-06	July-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
Total Calls	778	586	747	557	458	549	607	747	804	523	655	559	663
I&R Calls	132	155	194	178	150	176	176	252	349	153	195	143	149
CPS-Accepted	571	384	510	332	282	348	394	455	411	346	433	392	498
CPS-ScreenedOut	75	47	43	47	26	25	37	39	43	24	27	23	24

Source: CFSA FACES Report (INT003)

Among the 498 CPS calls accepted in March 2007, (56%) were referrals involving neglect, 122 (34.3%) were referrals involving physical abuse, and 46 (9.4%) were referrals involving sexual abuse. There was one referral related to a child fatality. These percentages reflect a pattern of allegations that has remained fairly consistent over time.

According to the District of Columbia Child and Family Services Review (CFSR) Data Profile, the District's median time in hours for initial investigations in FY 2005 was less than 24.[8] The reported average time in hours for initiation of investigation during that same time period, however, was over the 24 hour policy requirement (32.4 hrs). This figure nonetheless represents a marked improvement over FY 2004 in which the reported average response time was 55.9 hours. Among the 471 new investigations in March 2007, in 70.5% of the cases, children were seen within 48 hours. Although CFSA continues to struggle with seeing the child within 24 hours (30.4% as of March 2007), the Agency anticipates a successful approach to the standard due to significant practice improvements that have resulted in a noticeable decrease in open investigation backlogs and corresponding caseloads. At the end of January 2007, the backlog was down to 45 cases (compared to nearly 800 in January 2001 and 369 in January 2004). As of March 2007, the backlog is 60.

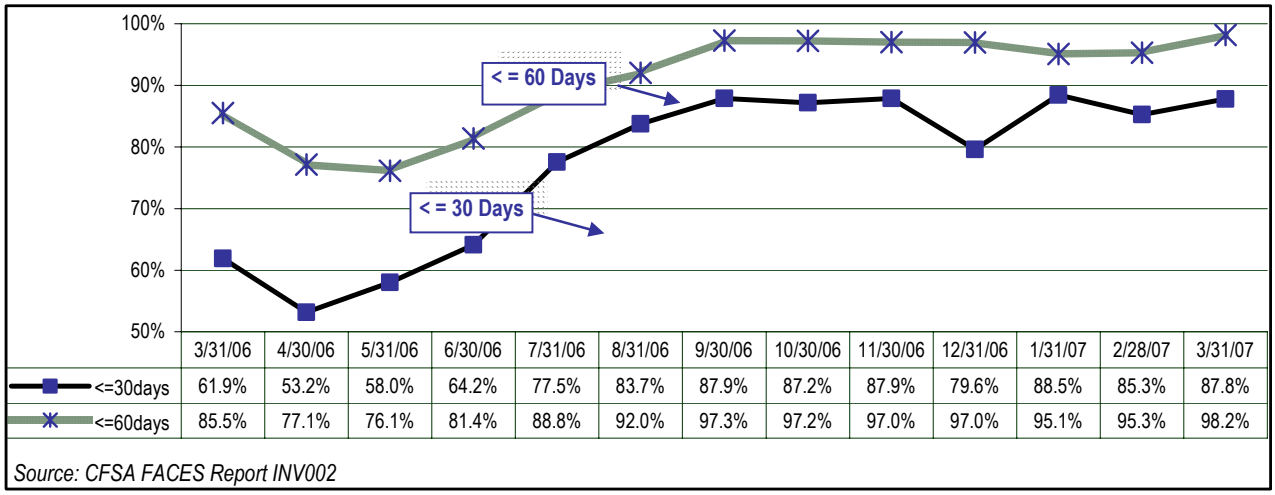
The case assignment rotation process has ensured that cases are evenly distributed to staff and the workload is manageable, contributing to the reduction of the backlog. The management team also closely monitors progress of investigations and determines if additional action is needed from management to ensure that investigations are completed in a timely manner. The retention and support of social worker and supervisory staff has had a positive impact on the administration's ability to maintain a manageable workload and complete investigations timely.

The following data indicates a noteworthy increase (25.9%) for investigations open thirty days or less between March 2006 and March 2007. In addition, investigations open 60 days or less increased by 12.7% (see Figure 2). This means more investigations are closed within 30 days. The

[8] This total is computed using the report date and investigation start date from the child file records.

percentage of substantiated cases has remained fairly consistent over time (30-40%). In March 2007, 377 cases were closed by the CPS Administration. Of these, 43% were substantiated (194 of 446).

Figure 2. Percentage of Investigations Open <=30 Days and <=60 Days (March 2006 - March 2007)



	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/30/06	11/30/06	12/31/06	1/31/07	2/28/07	3/31/07
<=30days	61.9%	53.2%	58.0%	64.2%	77.5%	83.7%	87.9%	87.2%	87.9%	79.6%	88.5%	85.3%	87.8%
<=60days	85.5%	77.1%	76.1%	81.4%	88.8%	92.0%	97.3%	97.2%	97.0%	97.0%	95.1%	95.3%	98.2%

Source: CFSA FACES Report INV002

Strengths

- **Staffing.** Caseloads are at or below the Child Welfare League of America standards. There is also a low social worker-to-supervisor ratio and a designated team of support staff: nurse consultants, on-site attorneys from the Office of the Attorney General, and staff from the Diligent Search Unit. There has also been an increase in staff retention. Presently, the FY 07 vacancy rate for the 89 CPS worker positions is 2% (compared with 6% in FY 06). All CPS social workers hold a Masters degree in Social Work.
- **Supports**. CPS has efficient access to a number of supports, including health information from the dedicated CPS nursing staff and educational information from DC Public Schools (as a result of a Memorandum of Understanding with CFSA). CPS workers are also supported by the Safe Shores Child Advocacy Center, a specialized referral service for sexual and physical abuse. A referral would typically be made after the initial contact with the family by the CPS social worker.[9]
- CPS social workers have a designated fleet of cars, agency cell phones, laptops, and access to CFSA's 24-hour hotline. Social workers also have access to mapping software through FACES that facilitates locating children and families in the District. FACES automatically checks whether families have had prior reports of child maltreatment.

[9] Criteria for referral includes the following: for physical abuse, children 5 or younger with suspicious burns, suspicious head injury, injuries with an implausible explanation, injuries of different ages which are indicative of a pattern of abuse; suspected factitious disorder by proxy, adult-sized bites, or other serious injuries that involve hospitalization or surgical procedures. Also includes children age 12 or younger who may be a witness or live in the same household of the type of cases listed above or to a child fatality caused by abuse. For sexual abuse, criteria for referral include the following: children 12 or younger, or children older than 12 where there is an intra-familial relationship between the child and the alleged offender, the child has emotional, developmental, learning or other disabilities, the child is non-communicative on the scene.

Challenges
A high percentage of District residents have family ties to counties in neighboring states. This dynamic creates a very mobile population with unique challenges for investigations, including those initiated within 24 hours. CPS workers have no authority to conduct investigations outside our own jurisdiction. If a call received through the hotline reports an incident involving a child that is living with family members across the jurisdictional line, the allegations must be referred to that jurisdiction for investigation.

In cross-jurisdictional cases, CFSA does ask parents to bring the child to the District and/or the Agency may contact the neighboring jurisdiction for assistance with completing Courtesy interviews as well as home assessments, to ascertain the child's safety. Neighboring jurisdictions do not have the same timeframes as the District of Columbia, however. There are also differences in the mandated time to initiate an investigation. Therefore, CFSA often has to wait for results of investigations in which a neighboring jurisdiction is assisting.

DC law requires CFSA to coordinate investigations of physical abuse and sexual abuse with the Metropolitan Police Department (MPD), however, the Youth Division of MPD makes the final determination regarding cases in which they will become involved. At times, MPD's priorities are not consistent with CFSA's response timeframes. The delay impacts both initiation of investigations and performance data. CFSA and MPD are working together to improve this process.

Item 2: Repeat maltreatment. *How effective is the agency in reducing the recurrence of maltreatment of children?*

Policy
As articulated in the Practice Model, safety is CFSA's paramount concern and the Agency addresses it in every intervention, every plan, and every contact. To achieve the goal of safety, CFSA assesses risk factors and engages birth, foster, and adoptive families in all possible circumstances.

To reduce rates of maltreatment recurrence for in-home cases, workers complete an initial safety plan with the family's input, identifying concrete issues to be addressed within the next 90 days. Workers then utilize a series of Structured Decision Making (SDM) tools to facilitate implementation of the plans.[10] In-home staff also utilizes the Parents and Children's Strengths and Needs Assessment, which helps to identify areas of strength in the parent/child relationship and to pinpoint areas where services are needed to further strengthen stability in the home and visitation level. This assessment is repeated every 90 days.

Out-of-home units are just beginning to use SDM tools. For children in out-of-home care, structured assessment tools and protocols systematically focus on the critical decision points in the life of the case, (at intake, when a goal changes, before anticipated changes in visitation and prior to reunification) thereby increasing worker consistency for service planning. Participatory case

[10] For a full discussion of SDM tools, please see the Introduction.

planning and Administrative Reviews help determine necessary supports for both in-home and out-of-home cases.

When children are ready to return home, out-of-home social workers are beginning the use of Reunification Assessment, which both assesses a child's safety and a family's preparedness to reunify. The Reunification Assessment is also completed at minimum every 90 days, but also as often as changing circumstances require. In combination, these assessment tools help prevent recurrence of maltreatment.

Practice
Although the use of risk assessment tools is not new to CFSA practice, the Agency updated the Family Risk Assessment tool in Spring 2006 to better meet the needs of the District's children and families. Under the prior tool, the Agency discovered that risk assessments yielded artificially high scores for families living in certain wards of the city. The current research-based instruments, which have yielded positive outcomes in other jurisdictions, have been subsequently crafted to assess the District's population.

Although the SDM process is not yet automated through FACES, automation is a top Agency priority for the upcoming fiscal period. Once the system is fully automated, tracking through the FACES system will heavily impact ongoing practice improvement data. Until then, progress is measured at the worker level with Supervisors and Program Managers reviewing caseloads to ensure the tools are being used at the designated intervals.

Performance
The national standard for absence of maltreatment recurrence is 94.6% or more.[11] For FY 2005, CFSA modestly surpassed this standard by 1% (94.7).[12]

The Agency attributes its success in preventing recurrence to the following five major practice improvements:

- implementation of the SDM tools
- redesign of the In-Home unit in March 2006, helping to ensure that the appropriate amount of attention and services are given to children who remain in their own homes[13]
- dedicated use of child-centered Family Team Meetings (FTMs)[14]
- consistent bi-annual use of Administrative Reviews, assessing a child's case in its totality
- active collaboration with the neighborhood-based, support network provided by the Healthy Families/Thriving Communities Collaboratives (HFTC)[15]

[11] Measuring what percentage of children, out of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, were not victims of another substantiated or indicated maltreatment allegation within a 6-month period.
[12] District of Columbia Child and Family Services Review Data Profile: November 21, 2006
[13] For more information about the In-Home Redesign, please see the Introduction.
[14] For a detailed discussion of the FTM policy and process, see the Introduction.
[15] For a detailed overview of the Healthy Families/Thriving Communities Collaboratives, see the Introduction.

The Agency is also assigning in-home cases geographically, which allows social workers to concentrate their efforts in a particular section or ward of the city as they develop relationships and draw from the supports and resources that are linked to that area.

Strengths

Staff are able to tailor services to meet the needs of those families most at risk of repeat maltreatment. In addition to maintaining a high level of response and accountability to the more stabilized cases, other strengths include the following prevention-based approaches:

- Aftercare services provided by the HFTC Collaboratives. (Evaluation of these services has recently begun, so measured outcomes are not yet available.)
- Low- and moderate-risk cases are referred to the HFTC Collaboratives for community-based services to strengthen families in their own neighborhood.
- Low caseloads, in line with CWLA standards, for In-Home social workers, (caseloads for in-home services have been reduced from 1:17 families to 1:15 families), and highly training workforce.
- A newly initiated volunteer mentoring program, which focuses on serving in-home families. (See Item 35 for a detailed description of this program.)
- The Rapid Housing Program which provides valuable short-term housing assistance to families, and to youth aging out of care. (Local funds.)

Challenges

The primary challenges surrounding repeat maltreatment include high poverty rates, particularly for those involved with, or known to, the foster care system. Unemployment, under-employment, and the lack of affordable housing within the city limits each keeps families in a cycle of frustration while undermining viable access to resources essential for adequate care of children.[16]

CFSA's Spring 2006 Quality Services Review (QSR) examined 40 in-home cases and identified three outstanding service delivery issues that may also impact repeat maltreatment: (1) limited services available to in-home families,[17] (2) birth parents who do not actually use available services without the leverage of the Court, and (3) insufficient communication among service providers. Most of the QSR focus group participants (including social workers, supervisors, Collaborative workers and therapeutic service providers) agreed that greater access to services such as mentoring, tutoring and adjunctive therapy would improve the well-being of children and families at home in addition to possibly decreasing the risk of future involvement with the child welfare system.

Promising Practices

The Agency's division of in-home and out-of-home caseloads is a promising approach in this area. Since the separation of caseloads, there has been improvement in visitation categories as well as in family and child case plans. By making more frequent contact with and being more accessible to families, staff are more likely to identify and correct potential problems before they escalate into crises.

[16] Although funding is available through the Rapid Housing program, appropriate or affordable housing may not be available.

[17] For more information about the Service Array, please see Item 35. Many services that are available to serve children and families in foster care are not available to In-Home cases as a result of eligibility requirements.

The implementation of the in-home redesign addresses accessing resources by placing more concentration on the unique needs of the in-home population. In-home workers can assist families in making appropriate community linkages. Challenges for this population are also identified and met through the bi-annual *Needs Assessment* and *Resource Development Plan*.

The Spring 2006 QSR noted CFSA's research and analysis of two models of in-home intervention used by public child welfare agencies: the Homebuilders model and the Family Support model. Child welfare agencies have successfully used both models to improve parenting skills and self-sufficiency for families struggling with a variety of challenges, including substance abuse, mental health issues, children with special needs, domestic violence and community violence. CFSA has decided to create a singularly unique approach that builds upon the best of each model. The Fall QSR report recommended that CFSA implement the new In-Home Practice Model in stages. We anticipate phasing in this model during FY07 with full implementation by the beginning of FY08.

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. *How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?*

Policy

CFSA policy requires that all appropriate services identified in a child or family's case plan be offered, and children/families be assisted to use those services to promote safety, permanency and well-being. Further, families who have been the subject of abuse and/or neglect that is determined to be low or moderate risk are referred to an appropriate Collaborative or community agency for any needed services and supports.

CFSA policy implements these requirements through the use of Family Team Meetings which are to be held whenever a child is at imminent risk of removal or when a removal has occurred.[18] Case plans are developed and updated as necessary, but at least every 90 days.

Agency policy also addresses specific needs related to timely individualized services and/or supports through the use of flexible funds.[19] Flexible funds that are used to prevent removal or placement disruptions strengthen and uphold the Agency's mission to promote children's safety, permanence, and well-being.

Practice

As of March 2007, 1976 children/youth and their 782 families were receiving in-home services from CFSA. Several strategies have helped to prevent removal of these children. For example, CFSA is attempting to hold FTMs even when there is the *potential* for a removal, not just after removal as was the practice in 2005. Table 1 represents outcome data on the total number of FTMs held in FY06 and in the first three months of FY07.

Table 1. Number of Family Team Meetings: FY06 and First Quarter FY07

	FY06	***Oct.06***	***Nov.06***	***Dec.06***
Total FTMs Held[20]	**705**	**68**	**69**	**53**
Total Children Served	**1082**	**109**	**97**	**99**
FTM Prevented Placement Change	60*	22	17	17

In addition to the use of FTMs, CFSA has $9.4 million in contracts (as of FY06) with the HFTC Collaboratives to ensure that supports and services are in place to prevent removal. Under the contracts, the HFTC Collaboratives also work with families who are not involved in the child welfare system. These families may self-refer or be referred by another public or private agency or

[18] Family Team Meetings Policy, January 29, 2007. For more information regarding FTMs, see the Introduction.
[19] Flexible Funds Funding Pool, June 19, 2006
[20] FTM occurrence values are calculated and included in the month in which the FTM is completed, regardless of whether the referral was made within the same calendar month or the previous month.

community resident. Community cases also include low-to-moderate risk families, and unsubstantiated cases investigated by CFSA. In these cases, the children remain in the home while receiving preventive services. By implementing this practice, CFSA is able to focus attention on children who are at the highest and most intensive risk for being removed from their homes. For those families who are referred to HFTC, the Collaborative carries full responsibility for the range of case management, service delivery, family stabilization and coordination duties.

The Community Cases are flagged for the following service objectives:

- to increase the stability and capacity of families to nurture and maintain their children's safety within their homes and communities
- to provide comprehensive case management and services to at-risk families
- to prevent children from entering the child welfare system

Another important vehicle for safely maintaining children in their homes is use of the risk and safety assessment tools that allow hotline staff and CPS investigators first to properly identify safety issues and then to prioritize an appropriate response. For those children where it is determined that they can safely remain at home, a variety of family supports and services such as counseling, day care, and housing services are provided.

CFSA's In-home staff also incorporates SDM tools to assess risk and safety just prior to closing a case. Cases are only closed after a supervisor has ensured that the tool is completed, filed in the record, and the risk is low or moderate. Referrals are then made to the HFTC Collaboratives. The In-Home Redesign is a final strategy to prevent removal through caseload reduction, resulting in more frequent worker visits to children and their families[21]and an overall improvement in the level of services to those in need. The increased attention that in-home cases are receiving is undoubtedly preventing removals of children from home and re-entry into foster care.

Performance

The bi-annual Quality Services Review (QSR) process is an excellent tool that provides the Agency with specific indicators both of effective and ineffective practices and services. The Fall 2005 QSR indicated that CFSA was not providing the levels of monitoring, support, planning, coordination, leadership, or teaming that in-home families need to move quickly and safely to case closure. The five in-home cases in the sample collectively had the lowest safety ratings of any living arrangement. Four of the five children were either minimally safe or were dealing with at least one safety issue that posed an elevated risk.

As a result of these findings, the Spring 2006 QSR focused entirely on evaluating service delivery to the in-home population. Forty in-home cases were reviewed. In contrast to findings for previous Fall Review, the Spring 2006 QSR revealed that "most children are generally safe and healthy" and slightly over half (51%) of the 37 children rated were in the maintenance zone for safety. CFSA primarily attributes this change in findings to the March 2006 In-Home Redesign.

With regard to re-entry, CFSA's administrative data from FACES indicates that re-entries to foster care decreased between FY2004 and FY2006 and that the number of children/youth who exited

[21] For more information about social worker visits with parents and children, see Item 19 and 20.

foster care and never returned to foster care increased. (This data includes not only re-entries from reunification discharges, but also from guardianship or relative placement discharges).

Strengths

CFSA has expended considerable time and resources in developing community, interagency and private sector partnerships to expand the array of services available to families and children served by the Agency. Partnerships with the D.C. Department of Mental Health (DMH), the D.C. Department of Health's Addiction Prevention and Recovery Administration (APRA) and District of Columbia Public Schools, for example, have yielded crucial service initiation at the front door. Through CFSA contracts with substance abuse staff that are co-supervised by APRA, the Agency is now able to provide immediate substance abuse assessments.

In addition to the referral partnership previously cited with the HTFC Collaboratives, CFSA refers mothers and female guardians of children in care to the Family Treatment Court (FTC), a voluntary residential substance abuse treatment program initiated by the District's Family Court. The program allows up to four children under age 10 to reside with their mothers/female guardians while they are in treatment. During calendar year 2006, 35 women and their children entered the in-patient treatment program. Nineteen women (with 34 children) graduated into after care. This innovative program allows the Family Court to monitor a parent's progress and to measure specific outcomes for securing the safety of both adult and child participants. Due to the regular rotation of the program, there have been enough of the 18 total slots available to accommodate newcomers and no willing participant has been wait-listed to date.

CFSA continues to collaborate with the Department of Health's Maternal and Primary Care Administration (MPCA) and to refer substance-affected infants to its affiliated Healthy Start program. This evidence-based model provides in-home services for at-risk pregnant and parenting women and their families (including fathers) up to the child's second birthday (see below).

The Grandparent Caregivers Pilot Program Establishment Act of 2005 created a pilot program for granting subsidy payments to eligible District grandparents, great-grandparents, or great aunts and great-uncles responsible for the care and custody of a non-CFSA child residing in their home. The program began approving the first subsidies in April 2006 and by fiscal year end had enrolled 347 children. Funding for this pilot has been expanded to $4.5 million in local funds through FY07 and is expected to support approximately 470 children (funds are available on a first come, first served basis).

Lastly, in December of 2006, CFSA completed *The Assessment of District Programs to Prevent Child Abuse and Neglect*, creating a comprehensive inventory of existing public and private prevention programs while identifying gaps in much-needed services. As a result of the report's findings, CFSA has recommended that the District undertake legislative action to mandate the development of a CAN prevention plan that will coordinate both new and on-going CAN prevention efforts with existing early childhood and youth-related initiatives.

Maintaining children in their own homes is also achieved through practice strengths such as low caseloads, social worker access to cellular phones and laptops (making case planning in the field accessible), and monitoring of productivity through FACES management reports.

Challenges

Unmet mental health needs create major barriers in preventing removals and by definition do not come to the Agency's attention until after crises occur. Once removals take place, additional mental health needs are also unmet. In November 2006, CFSA published a white paper regarding the mental health needs of child welfare clients who require an array of services to help reduce maltreatment recurrence, stabilize the home environment, and address trauma and other mental health issues resulting from child abuse and/or neglect. These services range from simple, straightforward individual or family assistance (therapeutic mentoring for children and anger management for parents) to intensive, clinical interventions in the home and community. Along this continuum of needs are requirements for specialized services such as treatment for youthful sex offenders, child victims of sexual abuse, and youth struggling with sexual identity.

Several unresolved issues are undermining local efforts to provide a full range of quality, evidence-based mental/behavioral health services to children and families in the child welfare system. CFSA is partnering with DMH around strategies to remedy the following issues:

- Medicaid typically does not fund the complete array of mental/behavioral health services necessary to treat and support child welfare clients.
- The overall mental health service delivery system is fragmented and multi-layered, making it difficult to serve CFSA-involved children in different settings [at home, in placement, and/or post-placement (reunification, post-permanency, and emancipation)].
- The District lacks the strong, nuanced array of services necessary to prevent some youth with significant issues from entering distant, expensive residential treatment centers (RTCs).
- There is a crucial need for a solid DMH infrastructure to support a well-resourced continuum of children's traditional and adjunctive mental health services.

The District also lacks services such as an effective truancy program or a PINS Center that might support parents/caretakers with ungovernable youth and prevent removal. CFSA is unable to assist without proper supports yet observes an increase in the percentage of first-time foster care entry for youth age 15 years and above over the past 3 fiscal years (FY04 – FY06).

Finally, the lack of housing options for families continues to be a challenge.

Promising Practices

CFSA has recently started designing a new model of intervention for working with in-home families based on a combined adaptation of the Homebuilders model and the Family Support model. The design will focus on the specific needs of the District with full 2008 implementation planned in several stages.

CFSA is enhancing its existing partnership with the Maternal and Primary Care Administration (MPCA) by funding the expansion of the MPCA's current evidence-based Healthy Start/Healthy Families (HSHF) program in Wards 5, 6, 7 and 8 – areas with the highest incidence of substantiated child abuse and neglect The Healthy Families/Healthy Start (HFHS) programs are prevention-focused home-visiting programs for TANF-eligible, often single head-of-household families, that promote positive parenting and healthy child development.

As a result of one of the major findings from the *2003* and *2005 Needs Assessments*, CFSA and MPCA are addressing maternal depression. Utilizing a portion of local funds allocated for prevention services in FY 2007, CFSA will fund depression screenings for all clients participating in the above-mentioned HSHF program. DC Healthy Start (DCHS) has also initiated screening of spouses/significant others for depression. Tracking of services over time will help to evaluate the effectiveness of this approach for addressing depression in birth parents and for improving client outcomes as stated above for the overall goals of the HSHF program.

Another promising service to help maintain children in their homes is the establishment of the Child Victim Model Project Team (CVMPT). The CVMPT will consist of public and private non-profit agencies that offer services to child victims and their family members. The target populations include child victims of all forms of maltreatment (including sexual exploitation), and child witnesses to domestic violence, homicide, and other forms of community violence. The CVMPT will include a strong collaborative partnership between the Center for Child Protection and Family Support,[22] Safe Shores - the DC Children's Advocacy Center, Children's National Medical Center,[23] and a host of other public and private agency providers that serve this population of children.[24] The goal of this model project is to ensure that child maltreatment victims in the District of Columbia have access to comprehensive and effective health and mental health services. The following three target objectives will be specifically addressed over the grant period: (1) to develop guidelines for case identification of child victims and development of a plan for service delivery, (2) to increase access to training on advanced trauma-focused interventions for child victims, and (3) to analyze the current reimbursement system for mental health providers and to make recommendations for improvement.

CFSA is utilizing a portion of FY2007 local funds designated for prevention to fund a *Parent-Teen Conflict Resolution and Respite Care* grant. This grant will provide time-limited, intensive home- and community-based services for parents and for youth beyond parental control or youth manifesting truancy and/or other delinquent behaviors that are reported to the Child Abuse and Neglect Hotline. There are clear eligibility requirements for participation in these grant-funded services, so it's not clear that this program would address all the needs of youth who would otherwise be served through a PINS program.

Finally, recognizing the difficulty in locating mentoring services for in-home families, CFSA has recently initiated a volunteer mentoring program that explicitly serves in-home youth.

Item 4: Risk assessment and safety assessment. *How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?*

Policy

CFSA policy requires an in-home safety assessment (a Structured Decision Making tool[25]) and plan to be included in each case that is referred to the In-Home Services Program. For children in

[22] The Center for Child Protection and Family Support is a community-based mental health, child victim service agency.
[23] Children's National Medical Center is a hospital-based forensic program.
[24] Child Victim Model Project Abstract
[25] For detailed discussion of Strutured Decision Making tools, see the Introduction.

foster care, the Risk Assessment Tool (which includes the Safety Plan and the Family Assessment) is to be included in the case record. The Agency policy also requires a special staffing whenever a social worker and/or supervisor believe that a child's permanency plan should be changed immediately in order to protect the child's safety and best interests, or due to unusual circumstances.

Practice

When an allegation of child maltreatment occurs in an open case, the on-going worker and the Child Protective Services worker jointly conduct the investigation to ensure continuity of services as well as to obtain assistance in identifying the need for additional services. The on-going worker also has access to the expertise and objectivity of the CPS worker/investigator to make a truly informed decision. Only in cases of severe maltreatment does a joint investigation not occur. In those instances, the CPS worker immediately removes the child. If the report to the hotline occurs after hours, it is distributed to supervisors and workers the next business day.

The In-Home Redesign has contributed to an increase in updated family and child case plans, as well as the Agency's slow but steady increase in visitation to children in-home and in foster care. As of March 2007, CFSA and private agency workers had completed at least one visit to 77.9% of children who are in-home, and had seen just 44.3% of in-home children at least twice during that month. For children in foster care, workers had visited 93.3% of children at least once and 73.6% at least twice. We have seen, and expect to continue to see, increases in all of these areas as a result of the In-Home Redesign, including a corresponding reduction in the risk of harm to children.

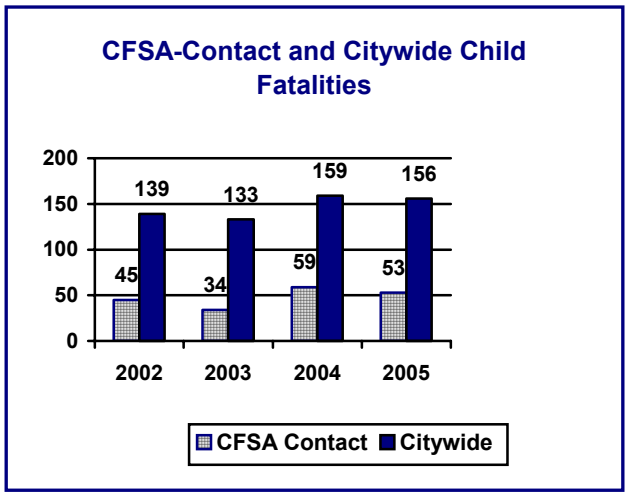
Performance

The national standard for absence of child abuse and/or neglect in foster care for a 12-month period is 99.68% or more. In FY 05, the District of Columbia measured just .02% shy of this standard with 3,528 out of 3,540 children (99.66%) not experiencing abuse and/or neglect in foster care. Factors positively impacting this area include 30 hours of foster parent training (with an additional 15 hours required annually), improved social worker visitation rates and monitoring of potential risk factors, and the availability of comprehensive support services, including mental health services and emergency assistance for children who did not require hospitalization but displayed extreme behavior. Additionally, the Agency has a fully-staffed team of dedicated resource specialists for licensing District foster homes, including a sanitarian to inspect physical plant safety for congregate care facilities. While home studies and licensing are completed by contracted private agencies for all foster homes in the state of Maryland, these must satisfy all District standards for licensure. Full licensure of foster parents includes First Aid and CPR certification, in addition to the above-mentioned training.

Additional supportive services include the Mockingbird Family Model which provides respite and support to foster parents. Foster parents also receive a wealth of support and information from the private providers of foster care and adoption services in the District.

The data profile indicates that in FY2004, 6 out of 3860 children, or 0.16%, in the District of Columbia were maltreated by a parent while in foster care. Although this number represents a minute percentage of children in care, CFSA has taken it seriously by actively reinforcing the Practice Model to prevent any child from experiencing maltreatment by a parent while in care.

Figure 3. Child Fatalities



Child fatalities are another serious concern. Of the 156 children in the District who died in 2005, a total of 19 children had active CFSA cases.[26] Of those nineteen, two died as a result of abuse homicide.

The District has a two-tiered process for reviewing child fatalities. At the macro level, there is a citywide multidisciplinary review team, the Child Fatality Review Committee (CFRC), that identifies broad systemic issues and submits a report that includes citywide statistics and recommendations. At the micro level, all District child-serving agencies conduct internal reviews. The internal child fatality review team at the D.C. Child and Family Services Agency (CFSA) includes agency employees from several programs as well as representatives from the CFRC, the Center for the Study of Social Policy (*LaShawn* Court Monitor), and community stakeholders. All deaths of children who had contact[27] (or whose family members had contact) with CFSA within the past four years are reviewed.

The multidisciplinary review panel will identify issues and recommend immediate actions and long-term strategies for improving case practice and child protection, categorizing internal recommendations into the areas of Case Practice, Policy, Training, and Other. CFSA's Quality Improvement Administration (QIA) will then incorporate the recommendations into a summary report and forward it to CFSA senior management and the CFRC. The CFRC may recommend broad, systemic changes that involve a variety of District entities.

In 2005, CFSA enhanced the internal child fatality review process through the following methods:

- increased participation from external stakeholders
- development of short- and long-term strategies to ensure fatality reviews occur in a timely manner
- more focus of Internal Review meetings on practice, policy, training and systemic issues
- modified and/or restructured child fatality reports that focused on specific questions related to services, reasonable efforts, case practice, policy and training

CFSA has taken great care to follow through with recommendations from the fatality reviews.

[26] Child Fatalities, 2005: Statistics, Analyses, and Recommendations (October 2006)
[27] The term "contact" includes (1) current, active cases; (2) cases active in the past but now closed; and (3) reports to CFSA's 24-hour abuse/neglect hotline that were investigated and determined to be unfounded (i.e., the report was made maliciously, in bad faith, or had no basis in fact).

Strengths

CFSA continues to assist and support social workers through the expertise of a multidisciplinary team centralized in the Office of Clinical Practice (OCP), including a pediatrician and a cadre of nurses. Further, CFSA equips our new and continuing workers with competency-based training, especially designed to enhance clinical skills and to enable them to identify oft times subtle symptoms such as those surrounding substance and sexual abuse. Finally, we continue to use the HTFC Collaboratives to provide supportive services throughout the life of a case, and after CFSA closure.

Challenges

As previously discussed, services to children and families in the District are impacted by the fact that a majority of the children (60%) are placed in the surrounding counties of Maryland and Virginia, complicating every aspect of service provision from licensing to placement and visitation. Despite these challenges, the District has been successful in reducing the risk of harm to all children, regardless of legal status or placement location.

Chronic environmental issues, such as poverty and homelessness, continue to challenge CFSA's efforts to secure safety, permanency and well-being for the children living in those wards where abuse is highest and child fatalities occur most frequently. The Agency is nonetheless undaunted and will pursue its efforts to assign cases geographically for focus on those locations.

B. Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries. *How effective is the agency in preventing multiple entries of children into foster care.*

Policy

The case planning process provides CFSA workers with a blue print for achieving a child's stated permanency goal and for preventing multiple entries into foster care. The Adoption and Safe Families Act (ASFA), DC ASFA 2001, and the Amended Implementation Plan (AIP) both outline CFSA's requirements related to case planning.[28]

It is CFSA's policy to review the parent/child visitation pattern and the quality of the visits prior to a child's/youth's return home. Out-of-Home program staff must also complete the SDM tool to assess the safety of the home prior to reunification.

All children/youth entering foster care or at risk of entering foster care have a Family Team Meeting (FTM). Thus begins the case planning process. Case plans are reviewed periodically by supervisors, by the Court as part of each permanency hearing, and bi-annually through the Administrative Review process. All of these reviews and updates are made to ensure that the child/youth and the family are receiving the services necessary to alleviate the circumstances that brought the child/youth into foster care and to ensure timely achievement of the permanency goal.

Mediation is another venue to assess families' needs and to prevent multiple entries into foster care. Within 30 days of an initial removal, pursuant to an Administrative Order, the Family Court's Multi-Door Dispute Resolution Division will assist the parties, including the family and CFSA, in negotiating a case plan and identifying services for the children and for the family. All CFSA cases go to mediation; those that are not successfully resolved proceed to a hearing.

Practice

Six months prior to the date identified for reunification, it is the practice of the Agency to refer the family to the HFTC Collaboratives for supportive services. These services are initiated through a joint conference involving the referred family, CFSA and Collaborative staff. After reunification occurs, CFSA monitors the child in the home for up to 6 additional months to ensure that the community services and other supports that were put into place while the child was in care are to help sustain the child. If the family still needs additional services after the case is closed to CFSA, the Collaborative will convert the family to a Community Case. Services are then provided to support and strengthen the family to prevent re-entry into the child welfare system.

The services include help with locating and/or managing services for special needs children and teens, assistance with adjustment or behavioral issues, connecting the family to local adoptive and guardianship family support networks, providing information about workshops that support family and child well-being, offering suggestions for managing the adoption or guardianship subsidy, family finding for adult adoptees, and answering questions about child development and parenting.

[28] For more information regarding Written Case Plans, see Item 25.

Between January 2006 (when CFSA's internal Post Permanency Services unit was implemented) and September 2006, 166 families were served. From October 2006 through January 2007, the internal unit served an additional 165 families. While it is still too early to evaluate the impact of these CFSA post-permanency services, the Agency anticipates with confidence marked long term gains for the children and families receiving them.

To ensure that post-reunification or post-permanency support services are available, CFSA contracts with the HFTC Collaboratives.[29] To fully support the transition and to decrease the possibility of recurrence of maltreatment, services are provided both before and after these families have achieved reunification (or other forms of permanency). The objectives of the HFTC service provisions are two-fold:

- to support CFSA in its efforts to stabilize and reunify families with open cases, and
- to ensure that children and families are living in safe and stable environments

CFSA also makes available post-permanency services both for families who have adopted a child from CFSA, a CFSA-contracted agency, and to families who have finalized guardianship. Post-adoption services are provided by an Adoption Resource Center (ARC) that became fully operational in January 2004. Data pulled from FY 2006 reveals that ARC successfully served over 20,000 individuals (including those with post-guardianship finalization) through web outreach and referral services. The Center also trained 626 social workers who work in the adoption community, provided intake services to 145 individuals/families, and provided outreach to 737 individuals.

Additionally, CFSA created an internal post-permanency unit to address the service needs of children/youth and families post-adoption and post-guardianship finalization. This unit, which includes Master's level social workers, insures that families have a smooth transition to the post permanency resource center. It also offers support to waiting families who have not yet received children in their homes.

Performance

The District is currently proposing a change in local law to allow for trial home visits. We believe this is commensurate with best practice standards and we anticipate that it will reduce the District's re-entry rate data. In FY2003, CFSA's baseline for re-entries into foster care was 22.26%. The PIP stated that CFSA was to have reduced the foster care re-entry rate to 18.26% by September 2004, and to 14.26% by September 2005. CFSA met and exceeded this goal. By FFY 2005, the re-entry rate (as determined by the CFSR Round 1 Permanency measure) was 7.6%, a full 1% below the National Standard of 8.6% or fewer. In FY06 we saw another slight reduction to 169 instances of re-entry, or 7.29%.

The newly-established standard for Permanency Composite I: Timeliness and Permanency of Reunification is now 122.6 or higher. Based on the District's FY05 AFCARS data and utilizing the newly-developed syntax for computing the composite scores, which looks at re-entry data for a cohort of children exiting care, the District's performance level on this data composite is 97.8. Specifically, on component B: Re-entries to foster care in less than 12 months, the FY05 AFCARS data places the District's performance at 24.5%, significantly over the national median of 15.0%. CFSA's administrative data indicates that in FY2006, 158 children re-entered foster care within the

[29] For more information about the HFTC Collaboratives, please see the Introduction.

fiscal year out of 403 children/youth that were reunified during the previous fiscal year. While it appears that CFSA struggles with re-entry data, it should be noted that a review of the Court Improvement Project (CIP) showed zero re-entries based on the CIP's criteria. This is in part because the Court does not consider a child to have re-entered foster care if they return to out-of-home placement from Protective Supervision, which essentially treats protective supervision as a "trial home visit". CFSA does count those children that re-enter foster care from protective supervision, since those children are not committed to CFSA, thus resulting in the differences in the data.

The numbers and percentages of children/youth who exited foster care to reunification or relative placement have increased significantly from FY2004 to FY2006. During the same period, the numbers and percentages of children/youth re-entering foster care after six months or more have been consistently declining. However, performance on re-entry within 6 months of exiting foster care has been inconsistent. For example in FY04, of the children/youth that re-entered foster care, 61 (12.2%) re-entered within 6 months and an additional 36 children/youth (7.2%) re-entered care 6-12 months post-reunification or relative placement. In FY06, 46 (9.4%) of children/youth re-entered foster care within 6 months, but only 18 (3.7%) re-entered care 6-12 months post-reunification or relative placement. We believe this data is affected by the absence of a "trial home visit" under DC law (see discussion below under *Challenges*).

Table 2. Re-entry rates regarding children who exited foster care to reunification or relative care.

Summary of Re-Entered Children Who Exited Foster Care for the Reasons of Either Reunification or Relative Placement in Fiscal Years 2003~2006							
Length of Time of Reentry	FY2004		FY2005		FY2006		Change over Fiscal Years
	#	%	#	%	#	%	
Reentry 0-6 months	61	12.2%	32	6.5%	46	9.4%	⬇
Reentry 6-12 months	36	7.2%	26	5.3%	18	3.7%	⬇
Reentry 12-18 months	25	5.0%	10	2.0%	3	0.6%	⬇
Reentry 18-24 months	16	3.2%	9	1.8%	0	0.0%	⬇
Reentry 24+ months	15	3.0%	1	0.2%	0	0.0%	⬇
Did not Return to Foster Care	348	69.5%	414	84.1%	422	86.3%	⬆
Total # Exits	501	100.0%	492	100%	489	100%	

Data Source: FACES Data

Strengths

Strengths related to re-entry prevention include the following practice improvements:

- The implementation of FTMs has helped CFSA identify supports that families need to maintain children in their own homes.
- The implementation of SDM tools has assisted workers in making decisions for children to remain at home or to return home safely.

- CFSA has a full array of post-permanency Services to help ensure that children are able to remain in their own homes. (See *Appendix F for a complete listing of services paid for by CFSA during FY06, including poster-permanency services.)*

Challenges
Current District law places the Agency at somewhat of a disadvantage with relation to re-entry data. Once a child returns home, the Court terminates the child's commitment to the Agency and returns care and custody of the child to the parent, under a legal status known as Protective Supervision. This allows the Agency and the Court to monitor the reunification process but if a problem arises, the Court must revoke protective supervision and the child returns to foster care. Because the child's commitment terminated as part of the return home, when a child reenters foster care, federal regulations count this as a re-entry even though the Court case has never closed. Changing DC law to allow for trial home visitation would greatly alleviate this challenge by continuing Agency commitment. Then, if the reunification does not work out, the child may return to a foster care placement, but since the child's commitment to the Agency was not terminated, this would not be counted as a re-entry. As stated above, a change in local law to allow for trial home visits would reduce the District's re-entry rate.

Item 6: Stability of foster care placement. *How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?*

Policy
CFSA's policy states that children shall be matched with an appropriate placement based on the individual needs of the child and family. Such matching is designed to minimize placement disruptions, thus promoting stability and permanency for children.[30] The first placement should be the best placement.

At the threat of placement disruption, a Family Team Meeting is coordinated in an effort to identify and put services in place to ensure placement stability. If a placement disruption can not be prevented, CFSA ensures that children are provided with a comprehensive and appropriate assessment. Follow-up action plans must then determine the child's service and re-placement needs within 30 days. CFSA also provides supportive services to prevent the disruption of a beneficial foster care placement in order to avoid the need for replacement.

CFSA's FY07 and ongoing goal is an 88% standard for two or fewer placements of children who have been in care at least 8 days and less than 12 months. Of all children who have been in care for at least 12 months but less than 24 months, the goal is a 65% standard for two or fewer placement settings. Finally, of all children who have been in care for at least 24 months, 50% will have had two or fewer placement settings during FY07 and the years following.

Practice
Since 2005, CFSA uses Family Team Meetings (FTMs) to make decisions about whether a placement change is necessary, if the current placement can be maintained with additional supports,

[30] Placement and Matching, August 18, 2006, draft

and/or what type of placement will best meet the needs of the child.[31] Implementation of placement related FTMs is not occurring at the level we are striving to meet.

In September of 2006, a total of 54 children had Replacement FTMs. Of these, 24% (13) were prevented from changing placements. While this percentage may seem low, it should be noted that not all placement changes are indicative of a negative outcome. Many children end up residing with kin after the FTM, a positive outcome that is nevertheless recorded as a placement change for data purposes.

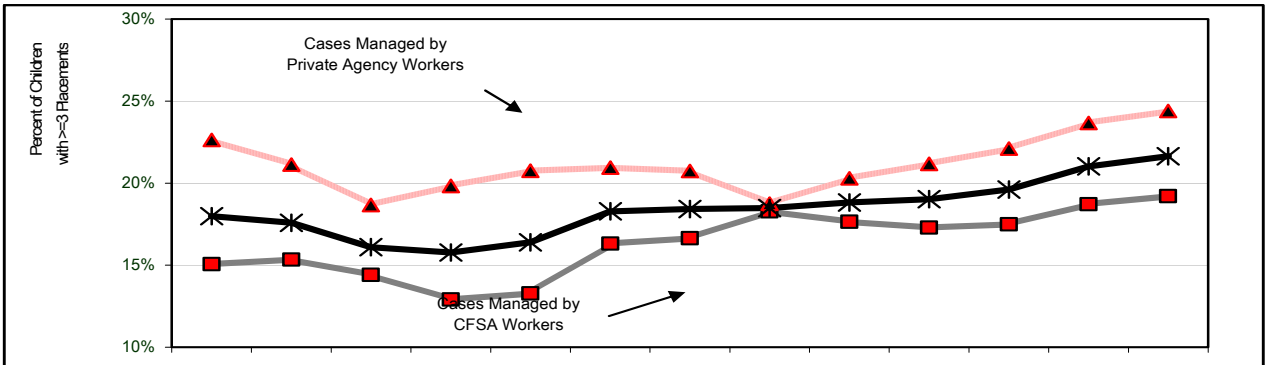
Stakeholders have noted that Replacement FTMs are not consistently utilized to prevent placement disruptions; instead, they are often used to plan the next placement. Stakeholders suggested that social workers should be trained to better recognize the early signs of a potential disruption so that an FTM can be scheduled in advance of a placement crisis. Further, some foster parents did not realize they could request an FTM, a proactive move that could increase placement stability.

In addition to FTM, CFSA conducts multi-placement staffings whenever a child/youth has had three placements within a 12-month period. The staffings include an assessment, a Placement Intervention Plan, and recommended services. The caseworker has 45 days to initiate the plan; follow-up is ongoing until the child is stabilized.

Performance

CFSA currently struggles with marginal improvements to placement stability. From 2005 to 2006, the decrease in the numbers of children with three or more placements in the last twelve months was one tenth of a percent. Stability is further exacerbated by children moving frequently within the private agency network.

Figure 4. Children in Care with 3 or more Placements in the Last 12 months (March 2006 ~ March 2007)



	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06	12/31/06	1/31/07	2/28/08	3/31/07
CFSA %	15.1%	15.3%	14.4%	12.9%	13.3%	16.3%	16.6%	18.3%	17.7%	17.3%	17.5%	18.7%	19.2%
CFSA #	232	230	206	176	177	221	218	240	227	218	217	229	234
PA %	22.6%	21.1%	18.7%	19.8%	20.8%	20.9%	20.7%	18.7%	20.3%	21.2%	22.1%	23.7%	24.4%
PA #	219	202	177	191	197	210	208	188	208	217	231	254	262
Total %	18.0%	17.6%	16.1%	15.8%	16.4%	18.3%	18.4%	18.5%	18.8%	19.0%	19.6%	21.0%	21.6%
Total #	451	432	383	367	374	431	426	428	435	435	448	483	496

Source: FACES Report PLC108

[31] For more information regarding Family Team Meetings, please see the Introduction.

The first-time entry cohort profile data, however, indicates a negative trend in the percent of children with two or fewer placements. In fiscal year (FY) 2003, for example, 89.7% of children who entered care during the first half of FY03 had two or fewer placement episodes, compared to 85.4% in FY04 and 82.3% in FY05. We recognize this data partially reflects more accurate placement data entry into FACES, yet CFSA is also successfully building the menu of services that help prevent placement instability.

The permanency composite profile also highlights a negative trend. Placement Stability Permanency Composite scores decreased from 110.9 in FY 2004 to 98.5 in FY 2005. In FY04, 87.7% of all children in foster care who were in care for at least 8 days but less than 12 months had two or fewer placement settings compared to 82.3% in FY05. In FY04, 72.7% of all children who were in foster care for at least 12 months but less than 24 months had two or fewer placement settings compared to 63.7% in FY05. Finally, in FY04, 53.6% of youth who were in foster care for at least 24 months had two or fewer placement settings, compared with 42.9% in FY05.

The Fall 2005 QSR report reflects the struggle described above. The report states that, "Reviewers identified difficulties in stabilizing children's placements and moving them to permanence . . . children had histories of multiple placements, and several faced potential disruptions, which contributed to their instability." The report also stated, however, that "77% of the children reviewed were in the most appropriate, least restrictive living arrangement possible for them."

Finally, focus groups with youth indicated that most had been in multiple placements, and all the youth that self-identified as LGBTQ had run away from at least one placement for various reasons, including feeling unsafe.

The following factors have affected the Agency's declining performance:

- The current pool of placement providers is not diverse enough in its skill set to meet the needs of District children and youth in foster care.
- There is an inadequate capacity to recruit and retain foster parents both at CFSA and at the private agencies.
- Matching children with appropriate caregivers is very difficult in the current crisis-based placement environment, limiting optimal placements.
- The State of Maryland does not allow the District to temporarily license kin within its boundaries. As such, children that have identified kin in Maryland must first be placed in non-relative care until those kin can complete the licensing process.
- Therapeutic and other specialized models of foster care are not achieving the desired results of improved outcomes for children in care.
- More accurate placement data is now in FACES, for example, providers are updating placement information when a child changes foster homes within their networks.
- There is some inflation in reporting the number of placements due to provider numbers changing, even though placement does not.

Strengths

Current data shows that there has been an overall reduction in replacement requests. Creation of a 24-hour, centralized Placement Administration has streamlined the placement request process and incorporated an evaluative Placement Change Request Form. By documenting services and efforts

to maintain the existing placement, CFSA can readily assess areas in need of improvement. Before a child can be removed from the placement, providers must give at least 30 business days' notice to the foster parents or congregate care providers, allowing for additional interventions, such as the Family Team Meeting. CFSA also pays high foster care board rates, which are adjusted annually.

CFSA has adopted the practice of granting temporary licensure for kinship placements within the District of Columbia. The Agency has approved 311 kinship homes using temporary licensure since March 2005.

In July of 2006, the Center for the Study of Social Policy published ***An Assessment of Multiple Placements for Children in Foster Care in the District of Columbia***. This report provides CFSA with the tools to develop solutions and recommendations specific to our placement challenges. In December 2006, the Office of the Inspector General also released a report regarding the District's ability to track children in out-of-home placements. The report concluded that "CFSA can account for the children in various types of foster care homes."

Challenges

Expanding and diversifying placement resources and increasing placement stability are critical goals for CFSA. The Agency is actively seeking kinship resources while expanding the pool of foster homes. There is a concern among stakeholders that many families have not been able to meet the licensing requirements. Barriers include prolonged criminal background checks (despite the purchase of an automated fingerprinting machine), inadequate housing (including the presence of lead paint which takes time to abate), and caretakers who are reluctant to attend foster parent training classes.

In addition to these challenges, many relatives of District children reside in Maryland where temporarily licensing kinship providers is curtailed by state law for all families, regardless of the residency of the child in need of a placement. An ICPC placement cannot be finalized until a home is licensed. This directly affects CFSA's ability to make the first placement the last placement for children in care. Maryland has been unwilling to address kin placements with any flexibility.

Promising Practices

Since October of 2006, CFSA has been tailoring the Washington State Mockingbird Model of foster parent support to the District's foster parent needs. An anecdotal report suggests that the model appears to prevent disruptions.

CFSA is implementing family-based Multidisciplinary Treatment Foster Care (MTFC) for youth between the ages of 9 and 17 with specialized behavioral needs. The goal of MTFC is to build on the youth's strengths and to decrease the youth's antisocial behavior. These behavioral changes are intended to stabilize youth in permanent homes and to reduce placement disruptions and placement in residential treatment facilities. These grants are expected to be awarded by June 2007.

In addition, the Teen Bridge program assists youth (ages 16-21) with histories of abscondence and/or unsuccessful foster care placements. These are children who require a unique array of independent living and life skills, and support services. CFSA is also creating new capacity for medically fragile and developmentally disabled children and youth.

Other steps to increase placement stability include the following CFSA strategies:

- Obtain technical assistance from the Annie E. Casey Foundation (AECF), Casey Family Programs and/or national resource centers. Restructuring the placement and service continuum for youth.
- Use Family Finding and Youth Connections conferences to identify permanent connections for youth.
- Obtain technical assistance to recruit the right mix of foster parents, and supporting resource families. CFSA will continue the pilot test of the Mockingbird Model.
- Implement the Levels of Care approach to foster parent reimbursement rates, through use of a Child Needs/Provider Interventions assessment instrument.
- Identify and reduce barriers to temporary licensing with kin in the District and continue work with Maryland concerning kin placements.
- Acquire more specific data on the issue of multiple placements and begin implementation of strategies that address the results of Fall 2006 QSRs that focused on teens and multiple placements.

Item 7: Permanency goal for child. *How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?*

Policy

In August of 2004, CFSA's protocol for permanency planning mandated that "each child receiving services from the Child and Family Services Agency is to have an identified permanency plan thirty days after a case has been accepted". In addition, it is CFSA's stated goal for an Administrative Review to assure "that all children, youth and families are receiving appropriate services to meet the identified permanency plan."

In September of 2005, the Agency updated its policy to emphasize that permanency planning begins the moment the Agency becomes involved with a child/family. Accordingly, CFSA now establishes a priority ranking for consideration of permanency goals, incorporating a participatory process with families to create individualized case plans.

Practice

Family Team Meetings (FTMs), Administrative Reviews, and Court hearings are primary vehicles through which the Agency assures that appropriate permanency goals are established for children/youth. The FTM process has been very successful in bringing multiple family members to the table and involving available fathers and paternal relatives in the process. The permanency outcome of the FTM is an initial plan for achieving the identified goal. This initial plan is submitted to the Court and is the basis for developing the child's/youth's and the family's case plan.

CFSA follows specific processes to ensure that a child's permanency goal is appropriate and that all possible efforts are being made to achieve the goal. The social worker must formally update the case plan every six months (or whenever a permanency goal has been changed). In addition, the case plan must be revisited every 90 days, and a more concise version of the six-month update must be produced. This is done to ensure that any changes or revisions in the casework activities, services, timeframes or roles and responsibilities are formally documented and shared with all significant parties. The update is also used as a mechanism for supervisory review.

FACES data indicates that as of March 2007, 95.2% of children in foster care had current child-specific case plans. As of March 2007, 91.2% children in foster care had an appropriate permanency goal.

The Administrative Review is another participatory vehicle that brings Agency staff together with family members, GALs and AAGs, foster parents and other professionals to review the progress in achieving permanency goals. Family participation is of paramount importance to the Administrative Review to assure that services are being provided to achieve the established goal. This formal process also serves to identify deficiencies in services, strategies and time frames, and to prescribe solutions and recommendations to be implemented by the Agency. It is also through our Administrative Reviews that proposed goal changes are identified for recommendation to the Court.

Since the last Statewide Assessment, the Administrative Review process has increasingly garnered participation of family members. The effect of the process on permanency, however, has not yet been established. Nonetheless, a recent satisfaction survey conducted by the Administrative Review team showed 98% satisfaction of participants. For those family members and other stakeholders who were invited to a Review but did not show, a non-participant survey is underway to determine reasons for their lack of or low participation. Results from these findings will be used to improve the process and to further increase family and stakeholder participation, ensuring that successful permanency goals are achieved commensurately.

Equally essential to the permanency planning process is the District Family Court's Permanency Planning Hearing, which focuses on the status of the case and the services necessary to achieve the permanency goal. During the hearing, the social worker presents the Agency's plan for achieving the permanency goal while making recommendations regarding changes to a goal based on a child's/youth's administrative or special review.

Performance

At the start of FY05 (October 1, 2004), there were 2727 children in foster care. Of this number 2350 children (86%) had current case plans. CFSA had a slightly lower compliance rate (84%) than its private agencies (89%). Present data show an upward trend in the percentage of current case plans since October 2004. FACES FY 05 data show that 91% of children/youth in foster care had appropriate permanency goals. By FY06, 2527 children were in foster care and the rate of current case plans increased to 91 percent. CFSA achieved an 8 percent increase (92%) and its private agencies achieved a 2 percent increase. During FY06, 93 % had appropriate permanency goals.

The District's foster care population has been aging over the past several years. Between 2003 and 2007, the percentage of youth in care between the ages of 12 and 21 increased by 12.1%, in particular those youth between the ages of 15 and 21, who have increased by 14.5% (See Table 3)

Table 3. Youth in Foster Care December 2003-2005 ~ to date

Age	12/31/2003		12/31/2004		12/31/2005		3/31/2007	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
< 3	216	7.5%	203	7.7%	218	8.4%	223	9.7%
3~5	302	10.5%	253	9.6%	259	10.0%	196	8.5%
6~8	416	14.5%	338	12.8%	264	10.2%	193	8.4%
9~11	492	17.1%	396	15.0%	347	13.4%	243	10.6%
12~14	545	19.0%	480	18.2%	484	18.7%	382	16.6%
15~17	482	16.8%	538	20.4%	583	22.5%	591	25.7%
18~21	418	14.6%	425	16.1%	433	16.7%	464	20.2%
Total	2871	100%	2633	100%	2588	100%	2292	100%

While the total foster care caseload has declined over the past three years, the children and youth remaining in care have required more specialized mental and behavioral health and treatment services, which are more complex to develop, more distant to access, and more costly to deliver. In addition, the District is experiencing an increase of older youth entering foster care over the last three fiscal years.

Table 4. Age Distribution of Children Entering Care

Age Districbution of Children Entering Care						
Age	FY2004		FY2005		FY2006	
	Number	Percent	Number	Percent	Number	Percent
Under 3	193	27.2%	205	24.3%	162	24.5%
3 to 5	110	15.5%	144	17.1%	94	14.2%
6 to 8	109	15.4%	116	13.8%	84	12.7%
9 to 11	113	15.9%	128	15.2%	73	11.1%
12 to 14	116	16.3%	150	17.8%	127	19.2%
>=15	69	9.7%	100	11.9%	120	18.2%
Total	**710**	**100.0%**	**843**	**100.0%**	**660**	**100.0%**
** Data source: CFSA FACES Report PLC156, 10/15/2003~9/30/2006 & PLC208 9/30/06*						

Strengths

Early engagement of families is a key component of case planning. CFSA's Family Team Meeting process has been fully functioning since January 2005. From October 2005 through July 2006, a total of 1726 family members participated in an FTM meeting where a total of 851 children were served by the FTM.

Other strengths include our Administrative Review process, an engaged family Court where judges know the cases and now have cases from start to finish, the presence of an Assistant Attorney General (AAG) at every Family Court hearing, and the fact that AAGs keep cases from filing to case closure, thereby creating continuity.

Challenges
Historically, the District has not been successful in achieving permanency for older youth in foster care, especially for youth with the goal of adoption. Family Court judges have been reluctant to terminate parental rights (TPR) until an adoptive family was identified but this frequently stalls the identification process because potential families are hesitant to commit without a TPR in place. This created a "catch 22" situation. Further, DC law requires children 14 and older to consent to an adoption. Many older youth perceive adoption as severing all ties to their birth families.

Recognizing that all young people need permanent connections that will endure long after they reach adulthood, CFSA is aggressively seeking prompt, safe, permanent solutions for every foster child and teen.

Promising Practices
Over the past 9 months, permanency work groups have been redesigning the Agency's practice approach towards a focus on concurrent permanency planning from the inception of CFSA involvement with the family. Based on the Tennessee model, case-carrying units will include 4 ongoing social workers and 1 social worker who will facilitate permanency for the children/youth served by the unit. The re-design is currently being piloted and full implementation is anticipated by June 1, 2007.

The District is also preparing to implement a local version of "Lifelong Family Connections for Adolescents" (the Massachusetts Model). This model combines seven innovative, youth-centered, family-focused program components that assist in identifying, establishing, and sustaining lifelong family relationships while simultaneously identifying placements for the teens whenever possible. The District is also exploring pathways to permanency via adoption for older teens through a partnership with KidSave. Finally, CFSA and the Court worked together to review use of Alternative Planned Permanent Living Arrangement (APPLA) as a goal, and developed a white paper outlining circumstances in which APPLA is an appropriate goal. Not only was the joint work itself important in establishing a renewed focus on goal-setting, but the paper created clear guidelines for all involved in setting permanency goals. Social workers, judges and attorneys have been trained on the use of APPLA.

Item 8: Reunification, guardianship, or permanent living with relatives. *How effective is the agency in helping children in foster care return safely to their families when appropriate?*

Policy
CFSA policy specifically states that a child "shall be placed in out-of-home care when no other alternative is available to provide for her or his safety and well being. Whenever possible, the permanency goal shall be to reunify children and families. Particularly when reunification is the child's goal, the Child and Family Services Agency and its contracted agencies shall work to maintain familial connections where appropriate and to give parents the opportunity to build on their strengths and learn needed skills to provide safe, nurturing homes."[32]

[32] Permanency Planning, June 15, 2006

Practice

Permanence for children is a primary goal set forth by CFSA's Practice Model. Except in rare circumstances, the Agency's initial goal is to return children to their families of origin if it is safe to do so. Adoption, guardianship and kinship placements are other permanency options that CFSA pursues when reunification is not safe or possible.

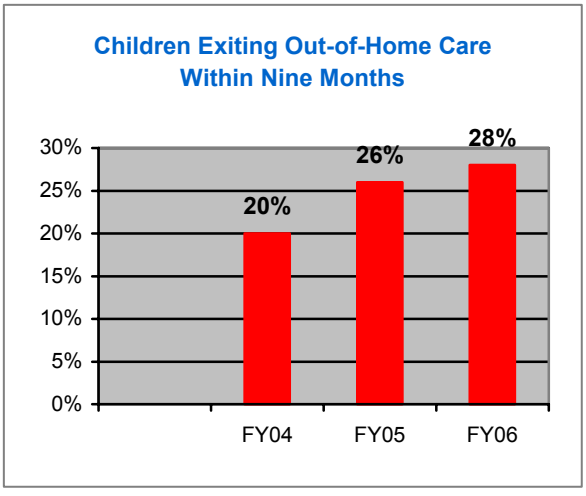
As previously stated, CFSA maintains a working partnership with the seven Healthy Families/Thriving Communities Collaboratives. These non-profit, community based organizations provide housing assistance, budgeting (and utility payments), parent education, intensive case management, support groups, Family Team Meetings, and linkages to concrete services to families. These HTFC Collaborative services have frequently facilitated the return of children to their parents and/or placement with relatives. In addition, CFSA provides access to substance abuse, housing, mental health and other services that may be needed to reunify families, though these services are not always available in sufficient numbers/types.

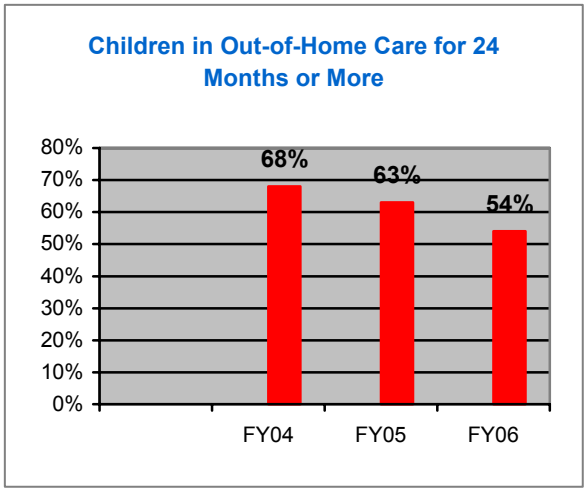
Performance

Between FY 2004 and FY 2005, the District's score on Permanency Composite 1: Timeliness and Permanency of Reunification improved from 82.9 to 97.7 percent. Although the score still does not meet the national standard of 122.6%, the trend is expected to increase as a result of CFSA's dedicated practice improvements. Regarding the individual measures, CFSA scored above the national median (69.9%) in FY 2005 with 71.1% of all children discharged in less than twelve months from their latest removal from home. The median length of stay for children exiting to reunification in the District in FY 2005 was 5.3 months, less than the national 75th percentile of 5.4 months. Finally, of all children entering foster care for the first time in the last 6 months of FY 2004, 29.4% were discharged to reunification in less than twelve months, a percentage considerably lower than the national median of 39.4%. Again, overall trends demonstrate that CFSA's dedicated practice improvements will continue to narrow such gaps.

During the last three fiscal years, children who entered out-of-home care were increasingly more likely to exit within the first nine months of placement. At the same time, they were less likely to remain in out-of-home care for two years or more.

Figure 5. Children Exiting Out-of-Home Care within Nine Months and Children in Out-of-Home Care for 24 months or More





FY06 data also demonstrate success in reunifying more children with their families in a timely manner. CFSA has undertaken cohort analysis to further examine the length of time it takes entry cohorts to reunify with their families. As evidenced by the chart below, 85.2% of children exited to reunification in 24 months or less in FY 06, in comparison to 76.5% in FY 2001.

Table 5. Length of Time to Achieve Reunification

Length of Time to Achieve Reunification												
Time to Permanence	Number						Percent					
	FY01	FY02	FY03	FY04	FY05	FY06	FY01	FY02	FY03	FY04	FY05	FY06
12 months or less	148	208	210	154	286	252	65.8%	68.2%	62.3%	55.0%	75.7%	65.5%
More than 12 months - 24 months	24	42	44	51	39	76	10.7%	13.8%	13.1%	18.2%	10.3%	19.7%
More than 24 months - 36 months	36	23	37	38	18	25	16.0%	7.5%	11.0%	13.6%	4.8%	6.5%
More than 36 months - 48 months	7	14	19	10	7	11	3.1%	4.6%	5.6%	3.6%	1.9%	2.9%
> 48 months	10	18	27	27	28	21	4.4%	5.9%	8.0%	9.6%	7.4%	5.5%
Total	**225**	**305**	**337**	**280**	**378**	**385**	100%	100%	100%	100%	100%	100%

Source: *AFCARS Annual files, FY2001~FY2006*
Note: While AFCARS data used for the CFSR excludes youth over age 18 in care, District children can remain in care until age 21. This data includes all District foster care cases, including those over age 18 in foster care. Further, the data profile excludes children discharging from care in 7 days or less. Data reported in the above table, however, includes all children who came into care, regardless of length of time. Therefore, these numbers are expected to be slightly different from the CFSR Data Profile.

It is the District's policy that all efforts to reunify will be exhausted before guardianship is considered the primary permanency plan, but concurrent planning is done. In FY 2006, 52.2% of all children that exited CFSA custody to guardianship did so in 36 months or less.

Table 6. Length of Time to Achieve Guardianship

Length of Time to Achieve Guardianship												
Time to Permanence	Number						Percent					
	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
12 months or less	0	3	5	17	9	5	0.0%	60.0%	8.2%	6.8%	4.1%	2.7%
More than 12 months - 24 months	2	0	15	44	33	32	100.0%	0.0%	24.6%	17.5%	15.2%	17.2%
More than 24 months - 36 months	0	2	13	68	52	60	0.0%	40.0%	21.3%	27.1%	24.0%	32.3%
More than 36 months - 48 months	0	0	5	43	40	41	0.0%	0.0%	8.2%	17.1%	18.4%	22.0%
More than 48 months - 60 months	0	0	6	29	35	7	0.0%	0.0%	9.8%	11.6%	16.1%	3.8%
> 60 months	0	0	17	50	48	41	0.0%	0.0%	27.9%	19.9%	22.1%	22.0%
Total	**2**	**5**	**61**	**251**	**217**	**186**	100%	100%	100%	100%	100%	100%

Source: AFCARS Annual files, FY2001~FY2006

Note: While AFCARS data used for the CFSR excludes youth over age 18 in care, District children can remain in care until age 21. Therefore, this data includes all District foster care cases, including those over age 18 in foster care.

Cohort analysis reveals that over the last five years, CFSA has experienced a 25.2% decrease in the number of children that exited to reunification, which is balanced by a 20.3% increase in the number of children that exited to guardianship. Table 7 below shows the increase in the numbers of children who have achieved permanence through guardianship. This trend is largely attributable to the entry of older youth for whom guardianship is often the most appropriate permanency goal.

Table 7. Children who achieved permanence (FY2001-FY2006)

Children Who Achieved Permanence (FY2001~FY2006)												
	Number						Percent					
	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
Reunification	225	309	341	282	383	390	67.6%	80.1%	45.2%	27.8%	36.1%	42.4%
Adoption	57	17	281	364	309	180	17.1%	4.4%	37.2%	35.9%	29.1%	19.6%
Guardianship	2	6	62	251	221	192	0.6%	1.6%	8.2%	24.7%	20.8%	20.9%
Emancipation	49	54	71	118	148	158	14.7%	14.0%	9.4%	11.6%	13.9%	17.2%
Total	**333**	**386**	**755**	**1015**	**1061**	**920**	100%	100%	100%	100%	100%	100%

Source: *AFCARS Annual files, FY2001~FY2006*

Note: While AFCARS data used for the CFSR excludes youth over age 18 in care, District children can remain in care until age 21. This data includes all District foster care cases, including those over age 18 in foster care. Further, the CFSR data profile excludes children discharging from care in 7 days or less. Data reported in the above table however, includes all children who came into care, regardless of length of time in care. Therefore, these numbers are expected to be slightly different from the CFSR Data Profile.

As previously noted, the last Statewide Assessment, CFSA has been conducting Family Team Meetings (FTM) at the time of removal, or immediately following removal,[33] for children entering agency care. Through September 30, 2006, CFSA facilitated 705 FTMs, addressing circumstances, needs, and services for 1,098 children. CFSA now tracks the timeliness of FTMs (whether they occur before or after placements) to measure their effectiveness as preventative measures. Further, an independent evaluation by the American Humane Association found that eight month monitoring results regarding the length of stay in foster care show a statistically significant shorter length of stay for children whose families participated in an FTM than children whose families did not.

Table 8. Comparison of Family Team Meetings, FY05-06

Type of FTM	*FY05*	*FY06*
Removal	240	293
Placement	37	297
At-Risk of Removal	6	106
Other	0	4
Total FTMs	**286**	**705**
Total Children Served	**565**	**1,098**

CFSA's expansion of permanent guardianship programs has increased effectiveness in assisting older youth in care to achieve permanence without terminating parental rights. It provides financial assistance to kinship families caring for relative children. Both District and out-of-state kinship caregivers are eligible for guardianship subsidies which continue until the child leaves the home or

[33] According to the Child in Need of Protection Amendment Act of 2004, CFSA has 72 hours to conduct the FTM before the matters are heard before a judicial officer.

reaches age 18. In FY 2006 alone, 192 children achieved permanency through the guardianship process.

Strengths
CFSA has a promising program, the Rapid Housing Program, which provides valuable time-limited housing assistance to families and to youth aging out of care. CFSA provides local funding for housing resources, which is administered by the Community Partnership for the Prevention of Homelessness. Additional support is provided by the HTFC Collaboratives through case management and support services. In FY 2006, the program served 51 families and 155 children, as well as 85 transitioning youth (24 of these were teen parents with a total of 31 children).

CFSA's use of flexible funds is a strong point for facilitating reunification, adoption, permanent guardianship, and/or placement with kin. The funds may be used for housing or rental assistance, lead abatement, transportation, purchases of furniture or equipment for disabled children, food and clothing, home modifications as well as for other services or supports such as activities or summer camps.

In order to address the many clinical needs related to post-permanency, new mental health services are now available to post-adoption, post-guardianship, and post-reunification families: Multi-Systemic Therapy (MST) and In-Home Community Based Services (IHCBS). These services are discussed in detail below.

- Multisystemic Therapy (MST) offers community-based treatment for youth (age 10-17) with complex clinical, social, and educational problems. This evidence-based model is provided over a 4-6 month period and assists youth who are recommended for a community-based and family-focused program, as well as youth who are in non-acute out of home placements (e.g. therapeutic foster homes, residential treatment centers). In FY 2006, 70 children received MST services.
- Intensive Home and Community-Based Service (IHCBS) includes a broad range of interventions for high risk children who are involved in multiple systems. Available 24 hours per day, 7 days per week, this intensive service aids children and youth who require access to an array of mental health services and supports. Service is designed to prevent out-of-home placements, and to reunify and transition youth from more restrictive placements. In FY 2005, 120 families received services through this program.

Challenges
As mentioned, the lack of available housing in the District and high rates of poverty continue to present challenges.

Item 9: Adoption. *How effective is the agency in achieving timely adoption when that is appropriate for a child?*

Policy
It is the policy of the Child and Family Services Agency (CFSA) to place the child in the approved pre-adoptive home within nine months of adoption becoming the permanency goal. For those children without an adoptive resource, CFSA shall convene a permanency planning team within 95 days (a requirement of the Implementation Plan) to develop a child-specific recruitment plan. The

plan may include contracting with a private adoption agency. The policy further requires finalization of the adoption within twelve (12) months of placement, barring any opposition of the Court.[34] The Agency expects that the internal and external stakeholders involved in the process will communicate, consult and collaborate as necessary to accomplish the goal in a timely manner.

Practice
Policy requirements are reflected in practice by ensuring that pre-adoptive homes are licensed and re-licensed in a timely manner. Social workers strongly encourage attorneys to file adoption petitions shortly after the placement of the child.

Program Operations' restructuring of In-Home & Reunification Services to form dedicated in-home and out-of-home units indicates practice improvement for achieving timely adoption finalizations. Embedding Permanency Social Workers in the out-of-home units should stimulate even more performance gains.

CFSA has two units containing 10 staff that are fully dedicated to adoption recruitment. In addition, the Agency produces a bi-annual adoption and foster home recruitment plan.

Performance
The District has shown great improvement regarding *Permanency Composite 2: Timeliness of Adoptions* from 77.1 in FY 2004 to 90.7 in FY 2005, although it falls short of the national standard of 106.4. In FY 2005, 7.5% of all children in DC that exited to adoption did so in less than 24 months (national median = 26.8%), and the median length of stay until adoption was 50.8 months (national median = 32.4 months). Of children in care 17 months or longer at the beginning of FY 2005, 20.5% were adopted by the end of the fiscal year (exceeding the national median of 20.2%) and 7.2% of those children who were not already legally free for adoption became so within 6 months (national median 8.8%). Finally, 87.4% of all children who became legally free for adoption during FY 2004 were adopted within 12 months, which vastly exceeds the national 75th percentile of 53.7%.

FY06 statistics reflect that children are increasingly more likely to be adopted within 24 months of entering out-of-home care. As the cohort data presented below demonstrates, of the children entering care in FY 2001, only 5% exited to adoption within 24 months as compared to 14% in FY 2006. In 2004 and 2005, CFSA implemented a major initiative to complete Termination of Parental Rights proceedings that resulted in finalization of 720 adoptions. Ninety-two percent (662) of those children had been in care for more than two years. However, only 170 children adopted in FY06 had been in care for more than two years. In FY05, CFSA received a federal adoption incentive grant award ($1.02M) in recognition of the high number of adoptions that the Agency finalized during FY04.

[34] Adoptions, December 9, 2005 draft

Table 9. Length of time to achieve adoption.

Length of Time to Achieve Adoption												
	Number						Percent					
Time to Permanence	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
12 months or less	3	0	4	7	6	4	5.3%	0.0%	1.4%	1.9%	1.9%	2.3%
More than 12 months - 24 months	0	1	11	23	17	20	0.0%	5.9%	3.9%	6.4%	5.5%	11.3%
Total Adoptions Finalized in <=24 months	**3**	**1**	**15**	**30**	**23**	**24**	**5%**	**6%**	**5%**	**8%**	**7.5%**	**14%**
More than 24 months - 36 months	9	0	31	47	64	36	15.8%	0.0%	11.0%	13.0%	20.7%	20.3%
More than 36 months - 48 months	8	2	54	65	62	35	14.0%	11.8%	19.2%	18.0%	20.1%	19.8%
More than 48 months - 60 months	15	3	45	89	41	20	26.3%	17.6%	16.0%	24.6%	13.3%	11.3%
> 60 months	22	11	136	131	119	62	38.6%	64.7%	48.4%	36.2%	38.5%	35.0%
Total	**57**	**17**	**281**	**362**	**309**	**177**	100%	100%	100%	100%	100%	100%

Source: AFCARS Annual files, FY2001~FY2006

Note: While AFCARS data used for the CFSR excludes youth over age 18 in care, District children can remain in care until age 21. Therefore, this data includes all District foster care cases, including those over age 18 in foster care.

Challenges

There are several factors that affect the District's performance on timeliness of adoptions, including a large segment of youth who have remained in care for long periods of time. These youth tend to be older (ages 14 and above) and are more challenging to place. Under DC law, they must also consent to the adoption. Additionally, unlike other jurisdictions, CFSA is not a party to adoption cases and cannot initiate them. While counsel can be appointed and CFSA can cover some attorney fees, there is often a delay in counsel initiating the adoptions, which handicaps the Agency in being able to expeditiously push the adoptions through the Court calendar.

For children who have severe special needs, there are costs associated with renovating pre-adoptive homes. Families are guarded in signing a subsidy agreement until they are assured that the Agency will commit to requests for renovations. Although the Agency does use its resources to do so, this delay in agreeing to and signing the subsidy agreement commonly impacts compliance with the 12 month time frame.

Strengths

With the restructuring of the permanency unit, concurrent planning is stressed. Families receive early support in the adoption process as well as post-adoption services. CFSA has also added a second adoption recruitment unit of five recruitment workers. Adoption permanency staffings are held for all children/youth in need of an adoptive resource. Additionally, CFSA has contracted (since 2004) with a private provider to open the Adoption Resource Center (ARC) for providing information, referral, and post-adoption supportive services.

CFSA funds outreach for the recruitment of families for youth with special medical needs. Families are invited to visit and participate in discussions at hospitals and with individuals who specialize in special needs children. One of CFSA's media-centered strengths for recruiting adoptive parents is its collaboration with NBC4, the Freddie Mac Foundation, and the Metropolitan Washington Council of Governments. These three entities jointly sponsor weekly segments of "Wednesday's Child", a program that invites interested families from Virginia, Maryland and other states to adopt children from CFSA.

CFSA has also been awarded a one-year grant through the Dave Thomas Foundation (Wendy's Wonderful Kids). This grant funds the salary of a recruiter to implement the child-focused, adoptive parent recruitment strategy based on the proven Wendy's Wonderful Kids Model.

The Agency is now working diligently to strengthen the partnership with both the Court and the attorneys to ensure that termination of parental rights (TPR) trials are held expeditiously and efficiently. It eliminates confusion for the child and helps establish the bond between the child and the pre-adoptive parent. Also, the teamwork guards against rulings being overturned on an appeal.

Another true area of strength is the team approach established by CFSA's Permanency Redesign. Caseworkers will team up as a "Unit of One" to bolster the focus on permanency and increase the potential for successful outcomes in safety and well-being for all children served. The anticipated outcome is greater efficiency in achieving permanence for children through elimination of the case-transfer process when goals change from reunification to adoption.[35]

Other strengths include the exemplary commitment of CFSA permanency workers, the reduction of caseloads, the use of guardianship as a permanency option, and the increase of quality post-permanency services.

Challenges

The primary challenge is the untimeliness in the filing of the adoption petition. Attorneys and adoptive parents are the only individuals with such authority. Concerns regarding adoption subsidies, procrastination and uncertainties prevent timely filing.

The primary challenge for the Agency is the growing pool of older youth, who are harder to place, and children with mental health issues. CFSA is also facing a shortage of willing and able pre-adoptive parents. At the end of FY 2006, there were 550 foster children with the permanency goal of adoption, 318 (58%) of whom were not yet in pre-adoptive placements. Without adoptive resources, CFSA is inordinately challenged to provide for the children who are waiting for their adoption goals to be finalized.

One particular factor affecting adoption resources is the licensing process requirements for families living in other states. In accordance with the Interstate Compact on the Placement of Children (ICPC), the respective state must complete the licensing process (including home studies) for the prospective adoptive family before the Agency can apply for approval. In Maryland and Virginia, staff shortages have led to CFSA funding private agencies to conduct the home studies and to monitor pre-adoptive homes. This additional expense stresses the CFSA's budget. ICPC-related

[35] For more information about the Permanency Redesign, see the Introduction.

delays cause the 12-month finalization time frame to be compromised without recourse to alternative strategies.

Promising Practices
To better serve older youth whose permanency plans have conservatively evolved towards independent living, CFSA has established a Youth Connections program designed to ensure that these youth, aged 14-21, will have the opportunity to form strong family connections in preparation for adult living. The program includes conferences designed to identify family resources, develop nurturing bonds and relationships, and to expose youth to life skills training.[36] In addition, the Agency's permanency re-design will also ensure a focus on permanency options for all youth.

Item 10: Other planned permanent living arrangements. *How effective is the agency in establishing planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship or permanent placement with relatives, and providing services consistent with the goal?*

Policy
When the four (4) prioritized permanency goals (reunification, adoption by kin, permanent guardianship by kin, and non-kin adoption) have been ruled out, CFSA policy states that only then may case planning involve consideration of alternative planned permanent living arrangements (APPLA) or legal custody goals (and then only if both parents consent).[37] The policy is in compliance with recent Court guidelines. Judges, CCAN attorneys, CFSA social workers, and the Assistant Attorneys General have now been trained regarding these new guidelines for changing a youth's goal to APPLA.

Practice
In July 2005, CFSA issued a report entitled ***"Revamping Youth Services: Preparing Young People in Foster Care for Independence"***. Based on literature and best practice reviews, stakeholder interviews and focus groups, as well as a review of the gaps in service delivery for this population in the District of Columbia, CFSA has established benchmarks and created a comprehensive system that leads to better outcomes for older youth.

Since the last CFSR, a focus shift has taken place for the realignment of the infrastructure of the Office of Youth Development (OYD) which serves youth age 16 and older who have the goal of APPLA. All OYD staff are trained in the new positive youth development model that is strength-based, involves youth in critical decision-making processes, has flexible programs to meet all interests and needs, and involves youth recruiting peers to participate in programs the youth design and operate. OYD staff has also received training in the area of permanency for older youth.

As stated above, youth are given the goal of APPLA only after other permanency goals have been exhausted. APPLA designations must still include plans for permanent placements that meet the youth's developmental, educational, and other needs.

[36] For more information on Youth Connections, please see Item 10.
[37] Permanency Planning, June 15, 2006

Youth who have been issued a Court-ordered goal of APPLA are assigned a Teen Services Social Worker from OYD after a staffing is held to review the elements of the case. Although the focus of the work includes preparation for adulthood, permanency planning continues to be emphasized. (All OYD staff is trained on permanency goals.) Youth are then enrolled in our Chaffee Foster Care Independence Program, called the Center of Keys for Life (CKL). Here they receive independent living skills training, plus educational and supportive services up to age 21.

CFSA has recently made changes to the CKL program and curricula, including engagement of youth through a Youth Popular Culture program and a Youth Leadership Council where youth are trained to become Peer Support Workers (PSW). CKL has also added two Independent Living Specialist (ILS) positions to offer support to youth and teen services staff around the development of the Individual Transitional Independent Living Plans (ITILP) and the Youth Transitional Plans (YTP). All OYD staff is trained in the new positive youth development model that is strength-based, and involves youth in critical decision-making processes. Additionally, youth are provided with a college-preparatory program, educational vouchers and scholarship dollars donated to the Agency for post-secondary education.

Youth are now more involved in his/her own case planning process, through Youth Connections conferences. CFSA has instituted Youth Connections Conferences, a component of the Youth Connections process. The youth-driven process utilizes a group-conferencing model that includes persons who are significant in the youth's life (selected by the youth themselves) and who help the youth develop a comprehensive plan to prepare for adulthood. The Agency has seen success as youth begin for the first time in their lives to set clear goals and timeframes while clarifying the services they will need to achieve a successful transition to adulthood.

Performance

The District falls just short of the Federal standard of 121.7 on *Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time*, scoring 115.3. In FY 2005, 32.1% of children in foster care for 24 months or longer on the first day of the fiscal year were discharged to a permanent home before their 18th birthday and prior to the end of the fiscal year, which exceeds the national 75th percentile of 29.1%. The District exceeded the national 75th percentile of 98.0% with 99.7% of children who were legally free for adoption being discharged to a permanent home before their 18th birthday. Finally, in FY 2005, 61.2% of children who were in care for three years or longer exited care with a discharge reason of emancipation or reached their 18th birthday while in foster care, which is higher than the national median of 47.8%. The large number of children in care until their 18th birthday is attributable to the fact that the District of Columbia retains custody of youth through age 21. Despite failing to meet the national standard on this final measure, CFSA has shown improvement, scoring 65.2% in FY 2004 as compared to 61.2% in FY 2005.

It should be noted that unlike other states, the District of Columbia retains custody of youth through age 21. Because the Court knows that youth can remain in care up to age 21, the Court often keeps youth in care to avail them of the services. Despite failing to meet the national standard on this final measure, CFSA has shown some improvement, scoring 65.6% in FY 2004 as compared to 61.3% in FY 2005.

Analysis of FACES cohort data on youth exiting the welfare system in FY 06 revealed that 32% were younger than age 11 when they entered care. This is an increase from 24% the previous year.

Table 10. Age Distribution at Foster Care Entry for Youth Exiting Care

Age Distribution at Foster Care Entry for Youth Exiting Care								
Age at Entry	Number				Percent			
	FY2004	FY2005	FY2006	FY2007 (10/1/07-1/31/07)	FY2004	FY2005	FY2006	FY2007 (10/1/07-1/31/07)
Under 3	4	6	3	1	2.8%	3.8%	1.9%	2.8%
3 to 5	7	6	7	2	4.9%	3.8%	4.5%	5.6%
6 to 8	10	12	11	3	7.0%	7.5%	7.1%	8.3%
9 to 11	20	14	28	4	14.0%	8.8%	18.1%	11.1%
Total	**41**	**38**	**49**	**10**	**29%**	**24%**	**32%**	**28%**
12 to 14	45	50	55	9	31.5%	31.3%	35.5%	25.0%
>=15	57	72	51	17	39.9%	45.0%	32.9%	47.2%
Total	**143**	**160**	**155**	**36**	**100%**	**100%**	**100%**	**100%**

Source: *FACES CMT209-9/30/04, 9/30/05, 9/30/06, 1/31/07*

Note: Date of Birth was not provided in FY2003 FACES report.

Further, 95.5% of youth exiting care in FY 06 (n=155) were in care for three years or longer. The trend shows an increase from 91.6% in FY 2004 for those youth who exited CFSA custody after being in care for three or more years.

Table 11. Length of Time in Care for Youth Who Exited CFSA Custody

Growing up in Foster Care - Length of Time in Care for Exiting Youth								
Length of Time in Care	Number				Percent			
	FY2004	FY2005	FY2006	FY2007 (10/1/06 - 1/31/07)	FY2004	FY2005	FY2006	FY2007 (10/1/06 - 1/31/07)
<3 years	12	12	7	2	8.4%	7.5%	4.5%	5.4%
3 to 5 years	32	40	33	10	22.4%	25.0%	21.3%	27.0%
>5 years	99	108	115	25	69.2%	67.5%	74.2%	67.6%
Total Youth Exiting Care	143	160	155	37	100%	100%	100%	100%
Youth exiting who were in care for 3 years or longer	131	148	148	35	91.6%	92.5%	95.5%	94.6%

Source: *FACES CMT209-9/30/04, 9/30/05, 9/30/06, 1/31/07*

Strengths

According to the Fall 2006 Quality Service Review (QSR), the overall status of youth ages 15 and older reviewed was positive—they were safe, healthy, and in appropriate placements. In many cases, youth were pursuing or planning to pursue higher education and/or were employed with long term career goals. Other strengths include caregivers providing more than adequate care for the youth; positive family involvement with the HFTC Collaboratives; youth actively maintaining

contact with family members, including fathers and siblings; active youth participation in the Center of Keys for Life program for independent living skills; and Family Team Meetings are being utilized in the cases of youth coming into care.

CFSA is incorporating "Positive Youth Development" approaches in all levels of planning and development as it relates to the services for youth. All changes under the Office of Youth Development, including the redesign of how youth are supported and helped to achieve permanence and well-being for them after they exit foster care, are framed by the *2005 Revamping Youth Services Report*. It has also ushered in a renewed outreach to other community partners, both private and other government agencies, including the District's Department of Disability Services (DDS) and the Department of Youth Rehabilitation Services (DYRS).

Bruce Willis' National Foster Care Fund reported that CFSA nominated more youth than any other child welfare agency in the nation to receive 100 scholarships to attend college. Together with Capital One®, the Fund awarded $250,000 and other financial support to be used for college. CFSA also received a grant from the Bill & Melinda Gates Foundation and the Washington Education Foundation for college scholarships for CFSA youth who live in Wards 7 and 8.

The Aftercare Project for Youth is another HTFC Collaboratives partnership with CFSA. It provides guidance for each participating youth to develop an individualized plan for independence that includes new "after-care" support. As a collaborative effort to address housing needs, the Community Partnership for the Prevention of Homelessness (TCP) administers the Rapid Housing Program. CFSA provides funding for this initiative and case management is provided by the HTFC Collaboratives.

Challenges

Permanency for older youth has been sorely impacted by a legacy of poor practice. As the District improves efforts to shorten the length of stay for older youth, there are very few strategies that have proven successful for the legacy cases with the exception of the Youth Connections Conference cited earlier.

Since the lack of placement resources for older youth continues to be challenging, CFSA's FY 07 foster and adoptive parent recruitment plan includes a public advertising campaign highlighting successful adoptions of older children. In addition, CFSA is conducting focus groups of current foster and adoptive parents to identify barriers to placement. The Agency and the stakeholders have recognized a need for more comprehensive skill training, as well as new models of parent/agency teaming to support foster parents with older teens.

The Fall 2006 QSR and the stakeholders noted a major barrier to adoption or legal guardianship is the loss of stipend which would allow adoptive parents to better provide for the youth's needs between ages 18-21. Other areas cited in the QSR that needed improvement were balancing the focus on stabilizing youth with a focus on permanency options other than APPLA; re-evaluating earlier, unavailable kinship resources that may now be available after several years and possibly changed circumstances; and expanding the menu of adjunctive mental health services.

Promising Practices

CFSA has partnered with the Department of Youth Rehabilitation Services (DYRS) for issuing a Request for Contracts to provide Multidimensional Treatment Foster Care (MTFC) to youth ages 9-17 with intensive behavioral health needs. The program will address issues unique to this population, including multiple placements, frequent running away, and preparation for independence and self-sufficiency when they exit the foster care system.

CFSA has also developed a special taskforce of internal and external stakeholders, along with youth who identify as Lesbian, Gay, Bisexual, Transgender, Questioning and/or Intersexed (LGBTQI), to ascertain effective strategies for serving the LGBTQI population. In collaboration with the Child Welfare League of America (CWLA), DC is only the second "state" to develop and mandate LGBTQI training for its staff. CFSA will also track placements and replacements of LGBTQI youth in order to develop and identify appropriately specialized LGBTQI services, including family preservation.

Finally, to strengthen the bridge from foster care to self-sufficient adulthood, CFSA will be opening a Youth Transition Center (YTC) over the course of a newly planned three-year partnership with the Progressive Life Center (PLC) and Arbor Education & Training (AET). The YTC's target populations are District youth, ages 16-21, who participate in the Center of Keys for Life (CKL) program, with a subset of disengaged youth, ages 18-21, who need special attention. Expected to be operational in FY 08, YTC services for both mainstream and disengaged youth will include life skills, college prep/vocational training programs, educational support (financial/case management), cultural enrichment, mentoring, and social/recreational activities.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. *How effective is the agency in placing foster children close to their birth parents or their own communities or counties?*

Policy
Children shall not routinely be placed more than 25 miles outside the District of Columbia. When there is no kin placement available, efforts are made to place the children within a licensed District home before looking to neighboring jurisdictions. Efforts are made to place children in proximity to the homes, schools, and communities in which they resided before entering CFSA's care.[38]

In accordance with the Amended Implementation Plan, CFSA will not place more than 82 children more than 100 miles from the District of Columbia, although children placed in kinship or pre-adoptive family-based settings under the ICPC shall not be considered as part of this requirement.

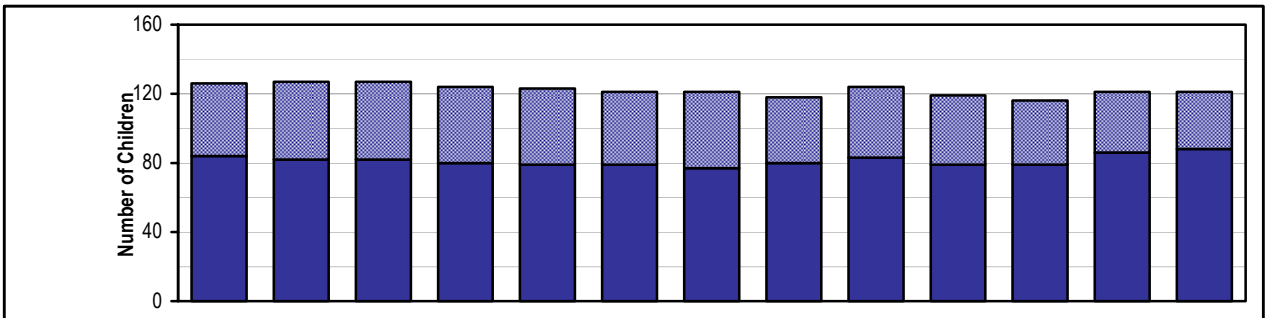
Practice
Since FY 2004, the District has intensified its recruitment efforts within the District to avoid placing youth more than 100 miles outside District boundaries. In January 2006, CFSA added another recruitment unit which devotes all of its time and resources to general foster and adoptive home recruitment. Recruitment staff does not carry cases.

Augmenting these existing efforts, CFSA hired a recruiter trained specifically for placing children/youth who have been waiting for 6 months or longer. The recruiter position is funded and trained through the Dave Thomas Foundation's program – Wendy's Wonderful Kids.

Performance
As of March 31 2007, 1164 of CFSA's 2292 out-of-home children were placed in Maryland, 28 children in Virginia, and the remaining count in the District of Columbia. Most of the children placed in Maryland are in homes in Prince George's County, no more than 35 miles from the District. Due to CFSA's efforts and commitment, fewer than 100 were placed more than 100 miles from the District (in comparison to 125 in December 2005). Appendix E presents a map of the distribution of substantiated cases of child abuse and neglect, as well as the distribution of foster home providers. In examining the data, it becomes evident that CFSA foster homes are concentrated in areas where substantiated abuse and neglect is occurring, indicating that CFSA is emphasizing keeping children in close proximity to their homes.

[38] Placement and Matching, August 18, 2006 draft

Figure 6. Children Placed in Residential Treatment Facilities More than 100 miles from the District (March 2006- March 2007)



	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06	12/31/06	1/31/07	2/28/07	3/31/07
Total in RTC	126	127	127	124	123	121	121	118	124	119	116	121	121
In RTC <=100 Miles	42	45	45	44	44	42	44	38	41	40	37	35	33
In RTC >100 Miles	84	82	82	80	79	79	77	80	83	79	79	86	88

Source: FACES Report PLC017

As of March 2007, 111 children/youth were placed 100 miles from the District. Eight of these were in traditional or pre-adoptive foster homes and 88 were in residential treatment centers (RTC). Forty-three of the youth placed in RTCs over 100 miles from the District required specialized treatment services that are not available locally.[39] These services are specific to high risk juvenile offenders, sexual trauma, youth with profound developmental delay and youth with medical fragility.

CFSA's management team closely monitors the number of children and youth placed more than 100 miles outside the District. Reviews are conducted on a monthly basis and are discussed at meetings with Agency leadership.

Strengths

The bulk of CFSA children and youth who are placed in Maryland are just across the District line with relatives, or in close proximity to relatives living in the District.

Challenges

Unlike other major metropolitan areas, the District of Columbia is cut off from its "suburbs" by state boundaries. Both Virginia and Maryland require that foster/adoptive homes be licensed and monitored by agencies licensed in their respective states, which impacts recruitment and timely placements. In addition, the Interstate Compact on the Placement of Children (ICPC) restricts emergency placements with families living outside of the District. Old housing stock in the District, many homes with lead, and expensive housing also adversely affect our ability to place children in DC.

There is a chronic lack of local resources for children who have extreme therapeutic or medical needs, which continues to be a barrier to placement within 100 miles of the city. The Agency and the District have encouraged agencies with available resources to re-locate but the costs are prohibitive.

[39] Youth who are not in specialized treatment but in RTCs more than 100 miles from the District are youth with pychiatric, emotional and behavioral problems that significantly impact their ability to function.

Item 12: Placement With Siblings. *How effective is the agency in keeping brothers and sisters together in foster care?*

Policy
Dedicated and exhaustive efforts are made to place children with all of their siblings, except in cases where such placement would not be considered to be in the child(ren)'s best interest.[40] In the event that sibling groups are separated, CFSA's placement policy encourages workers to support regular visitation. Sibling visitation has increased significantly over the last twelve months.[41] CFSA's policy and regulations also allow the Placement Unit to expand foster homes' licensed capacity to accommodate larger sibling groups as long as there is adequate space in the home. The expansion policy allows the licensing capacity to accommodate up to six children, if necessary. Further, the temporary licensing policy for District kin[42] allows many sibling groups to be placed with relatives immediately.

Practice
The centralized Placement Unit has established a "daily vacancy list" that highlights the number of placements available per foster home for that day. Whenever there is a referral request to keep the siblings together, the daily vacancy list is reviewed and a contact is made to the appropriate foster home. Family Team Meetings can further identify kinship caregivers who may serve as a placement resource for the siblings.

Performance
Overall, the number of children/youth placed with siblings has improved. One year ago, the Agency placed 56.6% of children/youth in care with their siblings. As of March 31, 2007 57% were placed with one or more of their siblings.[43] This percentage, however, increases to 64% when the overall count of youth excludes siblings who cannot be placed together as a result of siblings in correctional facilities, hospitals, congregate care settings or abscondence.

CFSA's *2005 Needs Assessment Report* demonstrated that when sibling group size increases, the chances that a child being placed with all of his/her siblings will decrease, but the chances increase for being placed with at least one sibling.

[40] Placement and Matching, August 18, 2006 draft
[41] For more information about sibling visitation, see Item 13: Sibling Visitation.
[42] For more information regarding temporary licensing of District kin, please see Item 15.
[43] Note: the data on sibling placement is inclusive of third party placements and children/youth who have been identified as having one or more siblings in out-of-home care.

Table 12. Sibling placement by size of sibling groups

Size of Sibling Groups	Number of Children	All Placed Together	All or Some Placed Together	None Placed Together
2 Siblings	654	54%	N/A	46%
3 Siblings	417	27%	52%	48%
4 Siblings	280	20%	60%	40%
5 Siblings	130	12%	72%	28%
6+ Siblings	151	23%	76%	24%
Source: OPPPS 09-30-2005 Placement DB from FACES Report				

Further, the *Assessment's* in-depth analysis of sibling placement showed that younger children are likely to be in foster care placement with their siblings together while older youths tended to be separated from their siblings. Approximately 65% of children who were not placed with any of their siblings were 12 years or older while 62% of children placed with one or more of their siblings were younger than 12 years old. It is inferred that the increase in older youth in foster care impacts sibling placements as well.

Table 13. Age distribution of children with siblings in care

Age	Total with Siblings in Care (n=1632)	Placed Together (n=943)	Placed Separately (n=689)
<3	8%	7%	9%
3~5	11%	15%	4%
6~8	14%	19%	7%
9~11	18%	20%	15%
12~14	21%	21%	19%
15~17	19%	12%	28%
>18	11%	5%	18%
Total	100%	100%	100%
Average Age	**11.4**	**10.2**	**13.2**
Median Age	**11.9**	**10.4**	**14.4**
Source: OPPPS 09-30-2005 Placement DB from FACES Report			

The analysis also found that gender difference affects sibling placement. Of the 145 siblings groups of two children (290 children) who share the same gender with their siblings, 56% were placed together with their siblings. Contrastingly, of the 182 siblings groups (364 children) of different gender, only 39% were placed together.

Ninety-five percent (95%) of children placed with their siblings were in a family-based foster care setting. Accordingly, those children not placed with their siblings (almost one third) are in other types of settings as indicated earlier (group homes, Independent living programs, residential treatment centers, etc).

Table 14. Placement setting of children by intact placement with siblings

Placement Setting		Total with Siblings in Care (n=1632)	Placed Together (n=943)	Placed Separately (n=689)
Foster Home	Kinship	27%	38%	12%
	Traditional	31%	35%	25%
	Specialized	20%	15%	28%
	Pre-Adoptive	5%	7%	3%
	Proctor	0%	0%	1%
	Sub-Total	**84%**	**95%**	**69%**
Group Home		7%	4%	11%
ILP		4%	0%	10%
RTC		3%	0%	8%
Other		2%	1%	2%
Total		**100%**	**100%**	**100%**
Source: OPPPS 09-30-2005 Placement DB from FACES Report				

Strengths

Since the last CFSR, the Agency has merged three separate units into a centralized Placement Administration that provides specialized services for family-based sibling placements 24 hours a day. If no family-based foster homes are available, CFSA uses the emergency placement of St. Ann's Maternity Home (up to 30 days) to place younger than age 12 sibling groups together while workers search for an appropriate foster home.

The Placement Unit also accommodates sibling groups by acting creatively, even purchasing twin size beds in the early evening to accommodate a sibling group in a home that had adequate space, but not beds.

Challenges

The lack of affordable, larger homes in the District does not support families desiring to provide care for large sibling groups. In addition, the District requirement for lead inspections and abatement in homes where children under 8 years of age will be placed slows the process for an otherwise suitable placement.

Another barrier is the practice of some child placement agencies that permit foster parents to select an age range for children they will accept into their homes. In the last year, however, recruitment and licensing staff have encouraged foster parents to designate a broader age range so that they can be more available to meet placement requests for older siblings.

Other challenges include being able to place siblings together when at least one of the siblings requires therapeutic care, the reluctance of foster families to take all siblings when one of the siblings is a teen, and the record number of adoptions ending foster care relationships with CFSA.

Promising Practices
CFSA's Practice Model emphasizes the importance of sibling placements to Agency staff, including special recruitment training that is incorporated into judicial trainings provided to attorneys, guardians ad litem, and judges. Additionally, there is an increased promotion for the use of flex funds to assist with the special needs of sibling placements.

Item 13: Visiting with parents and siblings in foster care. *How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?*

Policy
Policy indicates that CFSA and contracted agency social workers shall assure that all children with a reunification permanency goal are permitted to visit with their parents at least once a week, unless otherwise specifically documented in the child's case plan. For children whose goal is not reunification, the social worker shall make an individualized assessment of the child and his or her circumstances to determine whether visitation is in the best interests of the child. Children placed apart from their siblings shall have at least twice monthly visitation with some or all of their siblings. Social workers shall document all visits in FACES within 24 hours of each visit.[44]

Per the Amended Implementation Plan (AIP), CFSA policy will be modified to include weekly visits between parents and children with a goal of reunification, unless clinically inappropriate and disapproved by the Family Court. If visitation does not occur, the Agency shall document in the case record that visitation was clinically inappropriate and not in the child's best interest, or did not occur despite efforts by the Agency to facilitate it.

Practice
Social workers are required to facilitate visits between children and their parents. If the Court requires visits to be supervised, the social worker may arrange for the parent(s) and children to visit at the Agency offices. In the case of kinship placements, the kinship provider may be permitted to provide the supervision, but is always required to support the parent-child relationship through visits and other similar activities until the goal of reunification is achieved or is no longer appropriate. Agency social workers continue to provide oversight for children placed in kinship foster homes.

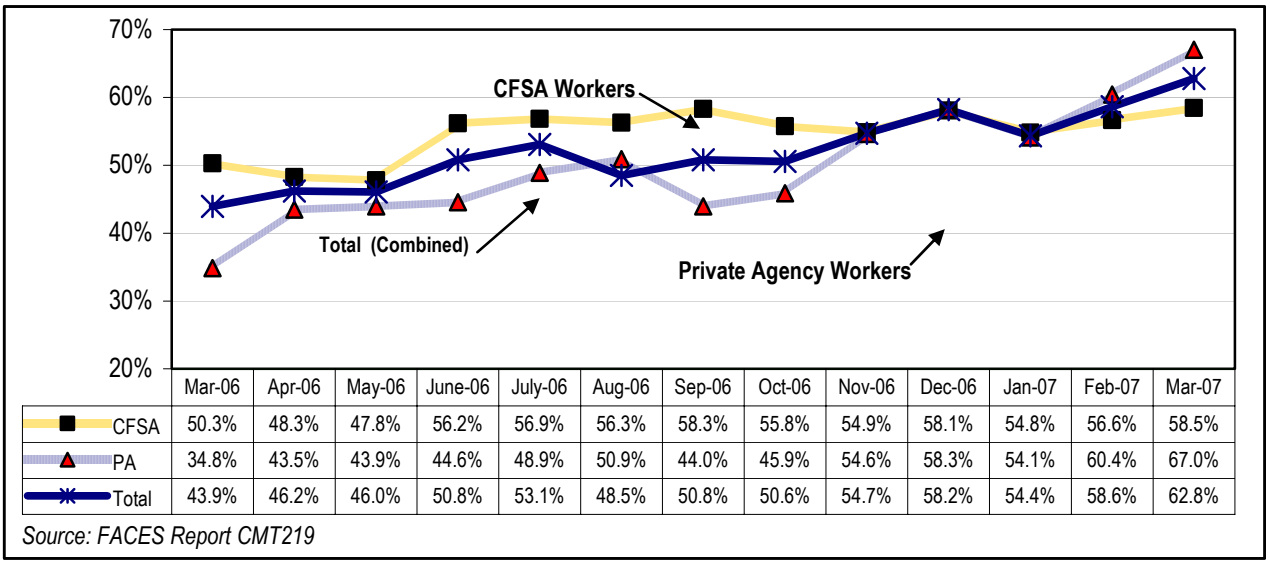
The seven community HTFC Collaboratives are contracted to facilitate, supervise, and provide family-friendly community visitation centers for parent and child visits, although use of the Collaboratives to facilitate visits is not yet occurring universally. In addition, Agency workers provide cameras to the children and encourage them to take pictures to send to the parent.

Performance
Since December of 2004, the number of children with monthly parental visits has doubled from 29.9% to 60.2% for those with reunification goals. As of December 2006, 44% had bi-weekly visits and 26% had weekly visits with their parents.

[44] Visitation Policy, July 21, 2004

The number of children experiencing monthly sibling visitation has more than doubled from 26.8 % in December 2003 to 62.8% in March 2007. While the number of twice-monthly sibling visits remains relatively low, the numbers increased by 24.3% between March 2006 (25%) and 2007 (49.3%). (See Figures 7 and 8)

Figure 7. Percentage of Monthly Visitation with Siblings (March 2006 ~ March 2007)[45]

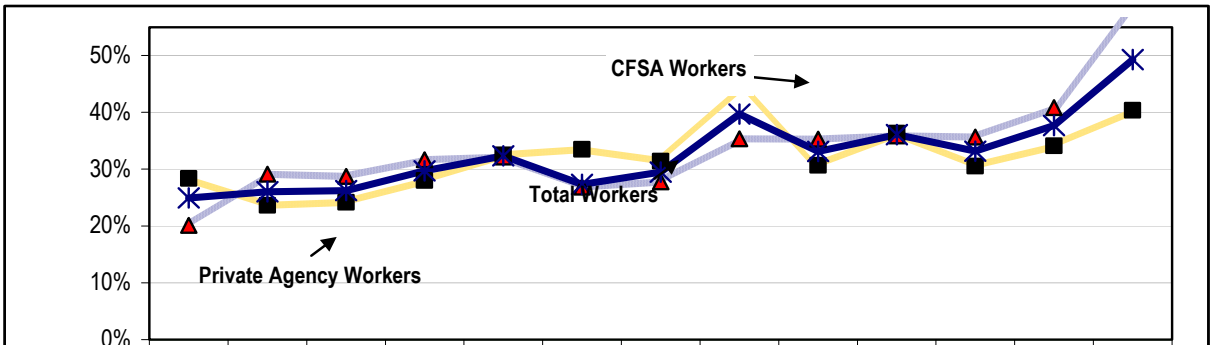


	Mar-06	Apr-06	May-06	June-06	July-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
CFSA	50.3%	48.3%	47.8%	56.2%	56.9%	56.3%	58.3%	55.8%	54.9%	58.1%	54.8%	56.6%	58.5%
PA	34.8%	43.5%	43.9%	44.6%	48.9%	50.9%	44.0%	45.9%	54.6%	58.3%	54.1%	60.4%	67.0%
Total	43.9%	46.2%	46.0%	50.8%	53.1%	48.5%	50.8%	50.6%	54.7%	58.2%	54.4%	58.6%	62.8%

Source: FACES Report CMT219

**Note: The chart percentages exclude suspended visits, however the absconded population is not excluded in the percentage total.*

Figure 8. Percentage of Twice Monthly Visitation with Siblings (March 2006 ~ March 2007)



	Mar-06	Apr-06	May-06	June-06	July-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
CFSA	28.3%	23.6%	24.2%	28.0%	32.5%	33.5%	31.4%	44.5%	30.7%	36.4%	30.5%	34.1%	40.4%
PA	20.1%	29.1%	28.7%	31.7%	32.1%	26.9%	27.8%	35.3%	35.3%	35.9%	35.6%	40.9%	58.1%
Total	25.0%	26.0%	26.2%	29.7%	32.3%	27.3%	29.5%	39.7%	33.1%	36.1%	33.2%	37.7%	49.3%

Source: FACES Report CMT219

Based on the results of the QSRs, the Agency believes that visitation in general is under-reported and that some visitation may have occurred without social worker facilitation, which would not be

[45] The December data also indicates that there were 160 children/youth with suspended visits or placements 100 miles away. These children are excluded from the figures reflected in Figures 7 and 8. When these 160 children/youth remain in the count, however, the combined percentage for monthly sibling visits is 47.8% (as opposed to 58.2%), and the combined percentage for twice monthly sibling visits is 29.7 % (as opposed to 36.1%).

documented in the system. To address this issue, administrators within Program Operations have assigned staff to make contact with foster parents to find out if visitation has occurred that did not involve the Agency. Second, educational outreach is being conducted to ensure social workers accurately record visitation data in the SACWIS screens.

Strengths

The seven HFTC Collaboratives have committed to assist with visitation, and visits are beginning to occur at those sites. Because of their community locations, the HTFC Collaboratives serve as "safe spaces" for monitoring parents and children or sibling visits, and for helping CFSA meet its visitation goals.

Beginning in 2005, the Agency increased the size and upgraded its fleet of vehicles which has greatly improved the ability of workers to facilitate visits. Additionally in 2006, the Agency contracted with companies providing *Zip Cars* and *Flex Cars* to make additional vehicles available for staff throughout the city and throughout the day.[46]

Agency progress regarding visitation benchmarks can also be attributed to the following improvements in practice:

1. The May 2006 In-Home Redesign has allowed workers more time to ensure that parent/child and sibling visitation occurs.
2. The District is the only jurisdiction to have a web-based SACWIS for efficient data entry and ready availability for review of reliable data, in this instance valid visitation data.
3. CFSA managers have increased use of daily data to evaluate visitation performance and to plan for performance improvement.

Challenges

In the Fall of 2006, an Agency-staffed sibling visitation workgroup identified three general barriers to current sibling visitation: 1) consistency in visitation opportunities, 2) accessibility of creative visitation venues, 3) affordability of Agency-sponsored events. To overcome these challenges, CFSA will schedule agency-wide sibling visitation days twice each month on alternating Saturdays, beginning in early 2007. Regularly scheduled sibling visitation days will allow families to plan to visit at a standing time and place at least once a month. Visitation sites will be located inside the city limits and selected for Metro accessibility, as well as parking convenience.

Promising Practices

Very recently, CFSA has included younger siblings in the activities held by our Office of Youth Development Administration (OYD), including movie night, bowling and other interactive activities meant to allow the youth to socialize with one another. A strategy that we have attempted, although with limited success, was to include the children from the In-Home and Reunification Administrations. The Agency has convened a workgroup of key program and planning staff to more fully develop this strategy.

[46] Zip and Flex Cars are vehicles owned by private companies and parked conveniently around the District so that social workers and other subscribers can conveniently reserve by the hour and drive when they need. The use of these shared cars alleviates the issue of parking space and fleet maintainence for the Agency.

Another strategy for increasing visitation includes the encouragement of foster parent cooperation, training them with skills to effectively supervise visits and to report both their occurrence and quality to the social worker. With the assistance of the Office of Volunteer Services, the Agency is also establishing an incentive "door prize" for one foster parent at each visitation day. To maintain interest, especially of the older children, CFSA continues to host special events and gatherings on an occasional basis. Using agency-issued digital cameras, workers take photos of children, youth, birth families and foster families during visitation days. On-site printers will allow family members to take photos home that day. Social workers can later access photos for compiling Lifebooks.

CFSA is also making efforts to assign the same social worker to siblings whenever possible, which appears to increase sibling visitation when siblings are placed apart. The Agency is in the process of implementing several additional strategies for ensuring sibling visitation:

documentation of reasons for and against separating the children

- development of concrete plans for sibling visitations
- incorporation of older children in planning for younger siblings
- placement of siblings within the same school district
- training foster parents to facilitate and maintain contacts and visitations among siblings
- ensuring siblings have contact information for one another, including mailing addresses and email addresses
- encouraging long distance sibling communication via mail, phone, email, etc.

Item 14: Preserving Connections. *How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?*

Policy

CFSA policy[47] states that all efforts should be made to place children in proximity to the homes, schools and communities in which they resided before entering the CFSA's care. Continuity of school placement is a priority. Further, the Placement and Matching policy requires "efforts be made to place children with respect to the spiritual and religious beliefs and practices of the parent and child".[48]

In order to maintain connections, no child shall remain in an emergency, short-term, or shelter facility or foster home for more than 30 days. Children under 12 are only placed in congregate care settings for more than 30 days if the child has special treatment needs that cannot be met in a home-like setting and the program is suitable to treat the child's specific needs. Finally, no child under six years of age may be placed in a group care setting, except for those children with exceptional needs that cannot be met in any other type of care. Other than the above-mentioned stipulations, no children under the age of 12 are placed in congregate care for more than 30 days. All cases are monitored by the case-carrying social worker.

[47] As the majority of the youth served by CFSA historically has been and continues to be African-American, CFSA has not developed policies to ensure compliance with the Indian Child Welfare Act (ICWA). CFSA does not currently have any children in care who identify as Native American.

[48] Placement and Matching policy, August 18, 2006 draft

Practice
CFSA focuses its foster parent recruitment on individuals who live within neighborhoods from which most District children come into care. We have been assisted in our efforts through the Washington Council of Governments (COG) which hired a consultant firm in 2004 to conduct market research for recruiting prospective resource families who best match the demographics of the District's foster children. CFSA also focuses on maintaining spiritual and religious connections between children and their parents by engaging in extensive foster parent recruitment with the District's faith-based communities.[49]

The HTFC Collaboratives are by definition community-based so when CFSA refers a child or family to a Collaborative, services and supports are provided in their own wards/neighborhoods. This proximity to a familiar environment preserves linkages between the child and his/her friends, school, neighborhood, extended family, and other important connections.

For older youth in care, CFSA implemented Youth Connections, the Agency process utilized for preparing youth ages 14 - 20 for adult living. Youth Connections is a proven approach to identifying people who will remain permanent connections for youth when they leave care.

Strengths
The District has made great strides in identifying the need for foster care placements within the District of Columbia. CFSA has pushed the effort to the forefront, and assured its importance on the political agenda to keep children and youth in the neighborhoods and communities where they are comfortable, causing the least amount of disruption to their lives. District families and individuals have stepped up to provide the needed supports and services to these children.

The use of FTMs at the point of removal assures every effort is made by the Agency to identify maternal and paternal relatives, and other supports and services to surround the children and youth in their own communities, where possible. FTMs also serve to maintain connections for the children/youth with their relatives while simultaneously encouraging participating relatives and birth parents to be involved in their child's education, health and activities whenever feasible.[50]

Challenges
The lack of placement resources in the current crisis-based placement environment is a true barrier to keeping children connected to their friends and schools. Placements are currently being made based on bed-space availability rather than through matching.

The Agency has made kinship placement a priority to maintain these important connections but due to economic and geographical factors influencing housing prices and school systems in the District, relative families often elect to move to the outlying suburbs of Maryland or Virginia. These kinship placements prevent the children from maintaining close connections to their school friends, neighborhoods, etc.

[49] For further information on CFSA's efforts to recruit foster families, see Item 44
[50] For further information on Family Team Meetings, see Item 3.

Promising Practices
CFSA is in the beginning stages of implementing a Family Finding project designed to help social workers use a specialized internet search to locate lost family members of youth in care.[51] This approach has also been successful in other jurisdictions for expanding family support.

The Mockingbird Model[52] has great potential to become a model for placing children in close proximity to their neighborhood of origin, helping to maintain close connections with neighborhood friends and school environments. Currently the model is for children in established placements.

Item 15: Relative Placement. *How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?*

Policy
In all cases requiring removal of children from their homes, CFSA policy requires that the social worker must first investigate kin as the priority placement resource. If reunification is not possible, kin and other family supports may then become permanency resources.[53]

In April 2004, CFSA promulgated the Temporary Licensing of Foster Homes for Kin regulation. This policy allows kin relatives residing in the District of Columbia to receive a temporary foster home license to expedite the placement of a youth in their home. In order to receive a temporary license, the prospective caregiver must receive satisfactory results from a home safety assessment, in addition to clean record checks from the National Crime Information Center, the Child Protective Register, and the FBI. These checks are warranted for all residents in the home over age 18. The temporary license is active for 120 days. During that period of time, the prospective caregiver is required to complete foster parent training in preparation for permanent licensing.

Practice
The *DC Child in Need of Protection Act of 2004* authorizes an extension from 24 to 72 hours as the time frame between initial removal of a child from the home and the initial Court hearing. This hard-fought extension allows CFSA 72 hours to hold a Family Team Meeting (FTM) for identifying kin placement resources in addition to necessary services for the child and/or family.[54]

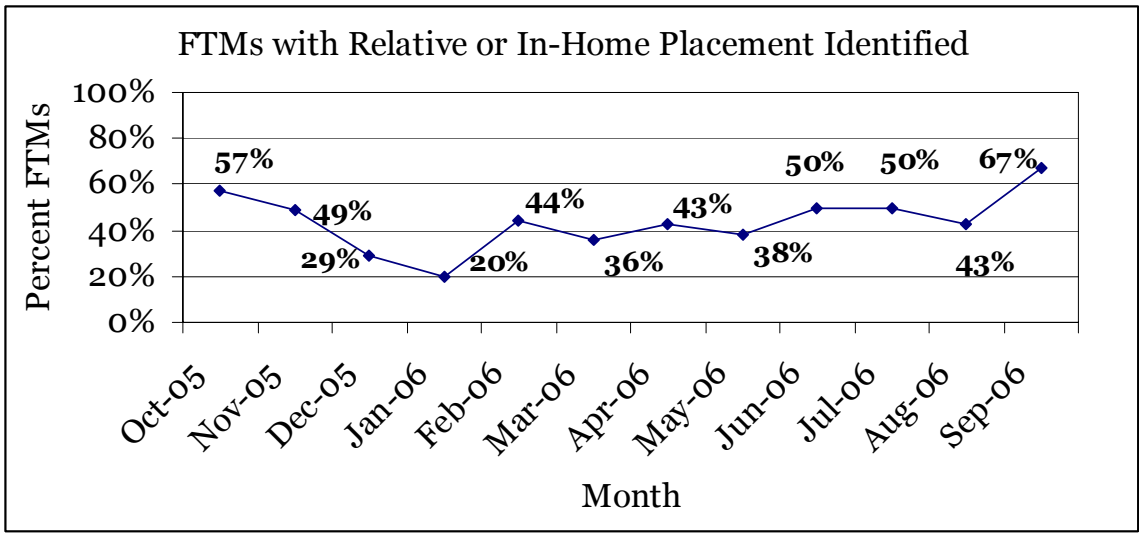
CFSA's Diligent Search Unit locates and engages biological parents and extended family members throughout the life of a case using a myriad of databases and Court records, in addition to conducting interviews. The Unit had a success rate of 88% from January to October 2006 (up from a 70% success rate in 2004).

Performance
In FY06, 20% (457) of the 2,313 children/youth in foster care were placed in kinship care settings. When family members do not meet licensing requirements to become foster/kinship parents, the Agency explores their ability to serve as resources in other capacities from the inception of a case. This aids the children/youth in maintaining contact with biological family while in care.

[51] For further information regarding the Family Finding project, please see Item 15.
[52] For more information regarding the Mockingbird Model, please see Item 6.
[53] Permanency Planning, June 15, 2006 draft
[54] For more information regarding the Family Team Meeting, please see the Introduction.

The Family Team Meeting (FTM) model enables appropriate family members the opportunity to step forward and support the child within their familial network. This opportunity has effectively motivated families as demonstrated by placement types identified in the FTMs. In FY05, a total of 1071 family members participated in FTMs. Of the 646 FTMs held between October 2005 and August 2006, an average of 3.6 family members participated per FTM each month. Also in FY05, a total of 140 cases (49%) had a relative or in-home placement identified as a possible placement option. This trend continued into FY06 when 309 FTMs (44%) had a potential relative or in-home placement identified at the meeting, although due to other barriers, not all children were placed with relatives. These numbers demonstrate that families are consistently engaging in the FTM process as active contributors, demonstrating a capacity to maintain strong kin networks.

Figure 9. Family Team Meetings with relative or in-home placement identified



An external evaluation by the American Humane Association found that CFSA children had a statistically higher rate of placement with family members as the result of family participation in the FTM. These children also had a statistically significant shorter length of stay in foster care than those whose families did not participate in an FTM. These findings demonstrate the success of the FTM to identify and engage relatives in caring for their young and vulnerable relatives.

Strengths

When children are removed from their homes to ensure their safety, CFSA's goal is to provide them with a family setting that promotes a continued connection to their siblings, parents, extended family members and communities. In the event the child cannot be safely returned to their biological parents, CFSA's goal is always to place a child in the least restrictive and most family-like setting possible. The District's kinship care system has been strengthened through the temporary licensing of District kin (see discussion above) and the "Helping Families Stay Together" program.

"Helping Families Stay Together"[55] is the District's permanent guardianship subsidy program that provides financial assistance to kinship families caring for relative children. All funding for direct subsidies under this program is local. Plus, guardianship allows relatives to provide a permanent home for children without terminating parental rights. Both District and out-of-state kinship caregivers are eligible for guardianship subsidies. District-based kinship caregivers are also eligible for Medicaid through an agreement with the District's Medicaid Office. The subsidy continues until the child leaves the home or reaches age 18. During FY06 to date, over 225 children have exited foster care due to a permanency goal of guardianship.

Challenges

The Adam Walsh Child Protection and Safety Act of 2006 is a potentially serious barrier to providing kinship care for CFSA children and youth. Previously, both the federal Adoption and Safe Families Act (ASFA) and Title IV-E provided an "opt out" choice for states to develop individual plans for background criminal checks for prospective foster parents. CFSA has conservatively and cautiously exercised the "opt out" option by allowing the Court and/or CFSA to determine, *on a case by case basis,* whether it is in a particular child's best interest to be placed with a kinship provider who may have made criminal mistakes in the past. (See D.C. Official Code § 4-1305.06(d)) The District has not approved nor knowingly licensed, however, any foster or adoptive parent who had a felony conviction involving child abuse or neglect; spousal abuse; a crime against a child (including child pornography); a crime involving violence including rape, sexual assault, or homicide but not including other physical assault or battery; or a felony within the last five years for physical assault, battery, or a drug-related offense. Without the ability, on a case-by-case basis, to override this specific federal mandate, the District will be severely limited in licensing kinship foster homes.

Currently, several children under the care of CFSA have family members from Maryland or Virginia who are appropriate caregivers but are not able to obtain immediate temporary licensure due to the Interstate Compact on the Placement of Children (ICPC) regulations (versus concerns in caregiver ability). For example, forty FTMs identified kinship placement resources between July 2006 and September 2006 but who were unable to apply for a temporary kinship license because they reside outside of the District of Columbia.

Promising Practices

As cited previously, the Family Finding project is expected to help CFSA workers locate lost family members of youth in care, particularly older youth. Over 60% of CFSA's foster care population is between the ages of 12 and 21. Once family members are identified and express an interest in reconnecting with the youth, social workers will discuss the possibilities of placement and/or permanency.

Item 16: Relationship of child in care with parents. *How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?*

[55] Legal authority for the program is the Foster Children's Guardianship Act, D.C. Law 13-208, effective March 31, 2001. Prior to passage of this legislation, District Council passed emergency, temporary guardianship acts on July 11 and October 24, 2000. CFSA completed operating procedures for issuing guardianship decrees, and D.C. Superior Court approved the Administrative Order in January 2002.

Policy
Unless documented in the case record to be not in the child's best interest, or clinically inappropriate or prohibited by a Court order, social workers are to assure that all children with a permanency goal of reunification are permitted to visit with their parents at least once a week. Between visits, children and families are encouraged to maintain contact through telephone calls and written communication. For children whose goal is not reunification, the social worker makes an individualized assessment of the child and his or her circumstances in order to determine whether visitation is in the best interests of the child.

Practice
Social workers are required to facilitate visits between children and their parents. If the Court requires that visits be supervised, the social worker may arrange for the parent(s) and children to visit at the Agency offices. In the case of kinship placements, the kinship provider may be permitted to provide the supervision, but the foster parent is always required to support the parent-child relationship through visits and other similar activities until the goal of reunification is achieved or is no longer appropriate. Agency social workers continue to provide oversight for children placed in kinship foster homes.

As mentioned, the seven community HTFC Collaboratives also provide community visitation centers for parent and child visits. Agency workers provide cameras to the children and encourage them to take pictures to send to the parent.

Performance
CFSA is making incremental progress in ensuring visits between birth parents and their children who are in foster care. In December 2004, 30% of children had monthly visits with their parent. In December 2005, 52% saw parents monthly and in December 2006, 60% had at least monthly visits with their parents. In December of 2006, 30% of children visited their parents on a weekly basis. As of March 31, 2007, monthly and weekly parent-child visits were at 70% and 40%, respectively. Further reviews by the Quality Assurance Unit (see below) indicate that parent-child visitation may occur more often than recorded due to inconsistent documentation by social workers.

Parent-child visits usually do not occur frequently during the initial removal period when parents might not be ready to engage in visitation with their children who have just been removed from their care. With persistence by the social workers, situations stabilize and parents are more willing to participate in visitations with their children.

In an effort to determine how we are fairing in this area, the senior leadership requested that our Quality Assurance (QA) Unit assess the frequency of visitation experienced by families prior to reunification. As a follow-up to visitation discussions and strategizing that have occurred in CFSA management team meetings, this analysis took an in-depth look at visitation and the documentation of visits.

The QA Unit reviewed case documentation in FACES for a selected number of children who returned home in June 2006 after at least 90 days in foster care. A review of cases for which documentation in FACES did not indicate weekly visits between parents and children showed other case documentation, such as Court reports or child case plans, indicating that visits occurred. These

documents typically included generic statements about the occurrence of visits but did not always list specific dates. Because visits between parents and their children (and between parents and social workers) are so critical to ensuring that children can safely return and stay at home with their families, QA recommended that (1) supervisors and social workers attend more closely to ensuring that these visits take place in accordance with policy and (2) that social workers consistently document each visit in the appropriate fields in FACES, including specific dates, focus, and outcomes.

CFSA uses its Diligent Search Unit (DSU) to identify and locate missing parents. The DSU completes intensive investigation into the family to find parents who may not be aware the child is involved with the child welfare system. This unit had a success rate of 88% from January to October 2006 (up from a 70% success rate in 2004) in finding both missing fathers and mothers.[56]

Strengths

The HTFC Collaboratives provide community sites and supervision and thereby facilitates visitation between children and their parents.

The continued partnership between CFSA, APRA, and the Family Court to implement and monitor the Family Treatment Court[57] Program, a residential substance abuse treatment program that allows women to keep their children with them, is a strength, as the primary goal of the FTC is to help mothers maintain a relationship with their children as they seek drug treatment.

Following the analysis by the Quality Assurance Unit of parent-child visitation and the documentation of visits, CFSA approached foster parent organizations and kinship providers about assisting with documenting the unsupervised visits that may occur without the knowledge of the social worker. The providers were very willing to assist in this area. As a result, there has been a recent increase in parent-child visitation and better documentation by CFSA social workers of such visits. Foster parents are informing social workers of these visits on a more frequent basis, and the social worker is recording such visits in FACES.

Challenges

Challenges that we face in this area include initial engagement of the parents after the child/children have been removed. The parent(s) are often angry and may still be engaged in those activities that led to removal such as substance use. Scheduling visits during this difficult time proves quite a challenge to the social worker.

Homelessness and/or the parent not having a stable residence also presents problems to initially engaging the parent and facilitating visitation. Additionally, availability of transportation for the parent may hinder efforts to allow children to visit with their parents.

With the advent of "caller identification" on most telephones, encouraging children who have been removed and are in foster homes to call parents between visits is often not possible. Social workers must be creative in seeking new ways of encouraging communication.

[56] For more information on the Diligent Search Unit, see Item 15.
[57] For more information regarding the Family Treatment Court, please see Item 3.

Promising Practices

CFSA will launch a new initiative to schedule agency-wide sibling visitation days twice each month on alternating Saturdays, beginning in early 2007. This model will be adapted to facilitate and supervise parent-child visits, and will also mirror the visitation centers provided by the HTFC Collaboratives. Visitation sites will be located inside the city limits and selected for Metro accessibility, as well as parking convenience.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 17: Needs and services of child, parents, foster parents. *How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?*

Policy

CFSA policy requires the investigator to assess the needs of children and parents during the course of the investigation: The Investigations Worker shall assess the immediate protection, risk, and safety needs of the child, the family's strengths, needs, and challenges, capacity and willingness of the family to provide for and protect the child, using the Safety, Risk, and Family Assessment tools in FACES.

In addition to the Safety, Risk, and Family Assessment tools, the Investigations Worker shall use the following criteria in the decision making process: signs of present danger, protective capacities, child vulnerability factors, and the caretaker/family and child danger factors. The family assessment instrument is the companion piece to the risk assessment and is used to evaluate the presenting problems and strengths of the family.[58]

As previously mentioned, Structured Decision Making (SDM) tools ensure that critical case characteristics, safety concerns, and domains of family functioning are assessed for every family, every time they are utilized.[59]

CFSA's policy on Administrative Review states that the Administrative Review shall assess the appropriateness of the services being provided to the child and, in those cases in which the child's planning goal is return home, the services being provided to the child's family. The administrative review shall examine and assess whether supports and services are available that will assure the well being of children exiting the child welfare system.[60]

Once needs are properly assessed using any of the above-mentioned or other assessment methods, it is the policy of the Child and Family Services Agency to make available flexible funds to be used for timely individualized services or supports that promote children's safety, permanence, and well-being. Children, their caregivers, and others who seek to provide safe, permanent families for children are eligible to receive services or supports through the use of flexible funds. Flexible funds are used to promote children's safety, permanence, and well-being.

Practice

CFSA uses a series of tools to better understand service needs of children and families, and to identify strategies to address them. Safety, Risk and Family Assessments are conducted as part of

[58] Investigations Policy, 9/30/2003
[59] For a comprehensive discussion of SDM tools, please see the Introduction.
[60] Administrative Review Policy, 9/26/2003

each CPS investigation. Investigators and ongoing social workers utilize SDM tools to determine risk level and service need. In April 2006, CFSA began diverting low and moderate risk cases to the community based HTFC Collaboratives for service, thus freeing CFSA staff to focus on families assessed to be at high risk for child abuse or neglect. Further, the implementation of the Family Team Meeting (FTM) initiative has strengthened decision making for service delivery to children and their families.[61]

Assessment of need is part of on-going case planning and service delivery. Individualized case planning supports the provision of services based on the assessment of need. Child specific case plans clearly outline the child's placement requirements and resources as well as the steps taken to ensure the child's safety and the services needed to address the child's needs. Family case plans outline the services and tasks required for the family to achieve stability (for in-home cases) or to achieve reunification with children who have been removed and placed in foster care.[62]

In regard to services for youth,[63] CFSA provides services, as identified in the youth's case plan and/or ITILP, to teens in foster care in a number of program areas based upon the permanency goal for the teen. Teens ages 15 and up with a permanency goal of alternative planned permanent living arrangement (APPLA) are provided services through our six Teen Services Units and the Center of Keys for Life (CKL) Independence Living Program in the Office of Youth Development (OYD). Teens also receive services through group homes, and Independent Living programs licensed and monitored through the Office of Licensing and Monitoring (OLM); and specialized services through the Office of Clinical Practice (for high-risk youth). Other teens are case managed in the Permanency units (if goal is adoption or guardianship) or the In-Home and Reunification Administrations.

The Agency engages regularly with the foster parent community to hear their needs for supportive services. Program operations management staff meet bi-monthly with foster parent leadership to air concerns and update foster parents on Agency progress in addressing expressed needs. In addition, foster parents are assigned a family support worker who meets with foster parents regularly and is available to address concerns related to supportive services or worker/foster parent relationships.

One of the Agency's quality assurance vehicles for assessing direct service and permanency planning is the Administrative Review. Each Administrative Review for children in foster care examines child and family well being indicators, focuses on permanence for children, identifies emerging issues, triggers timely responses from program management staff, and allows Quality Improvement staff to reexamine performance and progress. Administrative Reviews provide an ongoing opportunity to assess whether children/youth, families and foster families are receiving the services and supports they need.[64]

In addition, CFSA has fully implemented semi-annual Quality Service Reviews (QSRs). QSRs delve past the quantitative benchmarks in the AIP using an approach similar to the federal Child and Family Service Reviews. QSRs look at outcomes for individual children and families as well as identify system strengths and areas in need of improvement.

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[61] For more information regarding Family Team Meetings, please see the Introduction.
[62] For more information about case planning, please see Item 25.
[63] For more information regarding services to youth, please see Item 10.
[64] For more information about Administrative Reviews, please see Item 26.

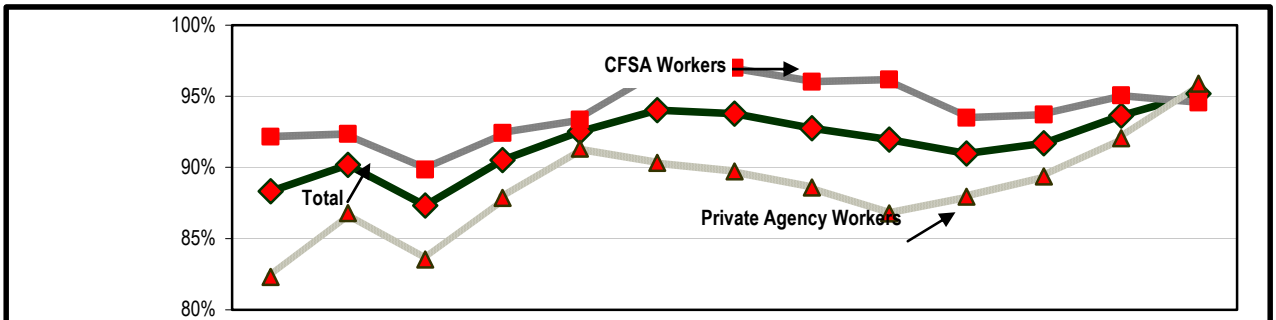
Every two years beginning in 2003, CFSA completes a comprehensive, Agency-wide *Needs Assessment*. During this assessment input is gained from youth, birth parents, foster parents and stakeholders about the needs of each, services needed and the effectiveness of the services delivered. CFSA also completes an annual Resource Development Plan that details strategies for addressing service needs and requirements from the *Needs Assessment*. Through this process, CFSA is continuously enhancing our understanding of the population we serve and upgrading services to meet their needs

In 2001, the Office of Clinical Practice (OCP) was established to provide in-house expertise for the multiple issues that face the children and families that CFSA serves. A large part of OCP's role is ensuring that children and families are connected to necessary and appropriate services. OCP staff includes a Licensed Clinical Psychologist and a Board-Certified Pediatrician who serve as CFSA's Clinical Director and Medical Director, respectively. The remaining clinical staff includes licensed social workers, registered nurses, substance abuse and domestic violence specialists, and a host of other specialists trained to aid social workers with a variety of case management functions and consultations.

Performance

Since the last statewide assessment, CFSA has made significant improvement in the timely completion of both child specific and family case plans. (Case plans are a primary means of mutually identifying and documenting service needs and provision). In December 2004, 78.8% of cases had current case plans (84.8% for foster care, child specific case plans and 68% for in-home family case plans). As of December 31, 2006, 88.3% of cases have current case plans (91% for foster care, child specific case plans and 83.5% for in-home family case plans). To date, as of March 31, 95.2% of foster care cases (see Figure 10) and 87.9% of in-home cases (see Figure 11) had current case plans. Private agencies have historically been less successful in completing case plans than CFSA social workers, although this gap is closing.

Figure 10. Foster Care Cases with Current Child Specific Case Plans (March 2006 ~ March 2007)

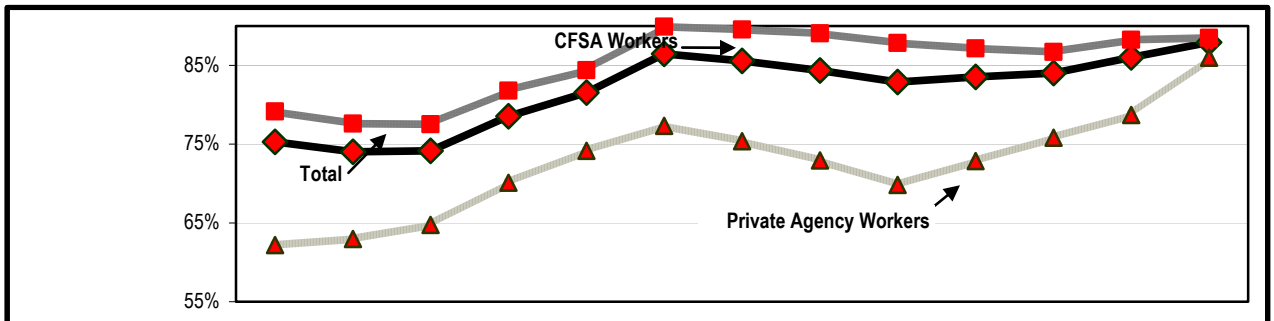


	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06	12/31/06	1/31/07	2/28/07	3/31/07
Total (Combined)	88.3%	90.2%	87.3%	90.5%	92.5%	94.0%	93.8%	92.8%	92.0%	91.0%	91.7%	93.6%	95.2%
CFSA Workers	92.2%	92.4%	89.9%	92.4%	93.4%	96.8%	97.0%	96.0%	96.2%	93.5%	93.7%	95.1%	94.6%
Private Agencies	82.3%	86.8%	83.5%	87.9%	91.3%	90.3%	89.7%	88.6%	86.8%	88.0%	89.4%	92.0%	95.9%

Source: CFSA FACES Report CMT163

** Note: According to the BPIP benchmark, by June 30, 2005, all open cases will have current case plans, as defined below: a) Initial case plans will be created within the first 30 days of a child's removal from home; b) Case plans will be updated to reflect changing needs; c) Case plans will be updated minimally every six months.*

Figure 11. In-Home Cases with Current Family Case Plans (March 2006 ~ March 2007)



	3/31/06	4/30/06	5/31/06	6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06	12/31/06	1/31/07	2/28/07	3/31/07
Total (Combined)	75.3%	74.0%	74.2%	78.5%	81.6%	86.5%	85.6%	84.3%	82.9%	83.5%	84.0%	86.0%	87.9%
CFSA Workers	79.2%	77.6%	77.5%	81.8%	84.4%	89.9%	89.5%	89.1%	87.8%	87.2%	86.7%	88.3%	88.5%
Private Agency	62.2%	63.0%	64.8%	70.1%	74.2%	77.3%	75.4%	72.9%	69.8%	72.9%	75.8%	78.7%	86.0%

Source: CFSA FACES Report CMT164

The Agency has been able to achieve this improvement in current case plan performance by focusing staff on the importance of developing a road map for achieving permanency and engaging youth and families in that process.

Since initiation in January 2005, FTMs have grown significantly in the number of children and families served and the scope of meetings conducted In FY2005 CFSA held 286 FTM's. Comparatively, in FY2006 CFSA held 705 FTM's, indicating substantial improvement. Through September 30, 2006, non-custodial fathers took part in 30% of all FTMs, and other non-relative family supporters such as clergy, godparents, therapists, friends and foster parents have taken part. Evaluation of the FTM process shows that FTMs appear to facilitate appropriate placement of children. For instance, from January through April 2006, 36 percent of FTMs resulted in children staying in their homes or being placed with kin residing in the District, thereby enhancing opportunities to remain connected to their families, schools and neighborhoods, an important practice value.[65]

Strengths

To date, CFSA has conducted two bi-annual *Needs Assessments*. The first in 2003 identified services, resources, and supports that help prevent child entry into the system, maintain safe and stable foster care placements, and support foster children in returning home safely. It also assessed client family needs with regard to mental heath, housing, educational, and substance abuse services.[66] The *2005 Needs Assessment* greatly deepened CFSA's understanding of resources critical to foster children and their families. Birth parents, foster parents, foster youth, social workers, and other stakeholders provided candid and insightful feedback about placement issues, housing, domestic violence, mental health, trauma and community violence, and the troubling prevalence of HIV/AIDS among foster youth and birth families.

[65] QA Report 2006.
[66] *2003 Needs Assessment*, CFSA Office of Planning, Policy and Program Support, 2004.

The annual Resource Development Plan (RDP) is the vehicle by which CFSA can translate the broad findings of the Needs Assessment into key recommendations and specific action steps to develop the necessary services and resources that will meet the identified needs of the children and families involved in the District's child welfare system. Through implementation of the annual Resource Development Plan, CFSA has made significant progress in bridging service gaps over the past three years including:

- Heightened awareness of family housing needs, based on development and dissemination of a "Housing White Paper," and implementation of CFSA's Rapid Housing Program made possible through Federal funding.
- Implementation of the Family Treatment Court Transitional Housing program, made possible through local and Federal funding.
- Expanded capacity of placement options to meet the individual needs of children in care, including implementation of the Teen Bridge Program (a new short-term placement option for youth 16-21 years); implementation of Multidimensional Treatment Foster Care in partnership with DMH and the Department of Youth Rehabilitative Services; development of the ST*A*R foster home program to accommodate the need to place children 24 hours per day.
- The continued partnership between CFSA, the Addiction Prevention and Recovery Administration (APRA), and the Family Court to implement and monitor the Family Treatment Court Program, a residential substance abuse treatment program that allows women to keep their children with them.
- Further collaboration between CFSA, APRA and the Family Court to develop and implement a strategic plan for improving substance abuse services to children and families. Representatives from each agency have formed the Family Recovery and Accountability Team (FRAT) in order to formally solidify this multi-system planning effort.
- Beginning of a range of substance abuse treatment services for youth and birth parents through the FRAT initiative, including development of an agreement to jointly supervise contracted intake substance abuse specialists at CFSA to assist in identifying client treatment needs using the GAIN and facilitate immediate referrals for services.
- Implementation of a pilot Intensive Out-patient Program (IOP) for CFSA referrals of substance using mothers. Funded by CFSA and administered by APRA, clients and providers collaborated in treatment and rehabilitation planning as well as clinical case management. Because CFSA identified it as a priority, the *Effective Black Parenting Program (EBPP)*, a 15-week evidence-based parenting model, was embedded within the pilot IOP. APRA will continue to administer the CFSA-funded EBPP component as part of the broader continuum of care which includes day treatment and out-patient services.
- New mental health services from DMH -Multi-Systemic Therapy (MST), Mobile Response Stabilization Service (MRSS), and Intensive Home and Community Based Services (IHCBS) - for children and youth at home and in out-of-home placement.
- Co-location of DMH and CFSA workers to facilitate consultation with social workers regarding family mental health needs.
- Development of a volunteer mentoring program for children and youth who are not in need of intensive or therapeutic mentoring services, to make mentoring services available to more children/youth and to reduce the Agency's reliance on paid mentors.

Challenges

There are some casework practice issues that impact this item, particularly around the assessment of the needs of the non-custodial parent, typically the birth father. CFSA has expanded efforts to

address this issue and incorporated the mandatory "Engaging Fathers" training into the new worker training.

The challenges faced by the Agency relate more to the provision of needed services than the actual assessment of need. While CFSA has greatly improved its ability to assess the needs of children, parents and foster parents, at times there are still barriers to identifying and accessing services to meet those needs, most of which are external to the Agency. Mental health needs for CFSA-involved children and families range from simple, straightforward assistance (therapeutic mentoring for children and anger management for parents) to individual/family therapy and to intensive, clinical interventions in the home- and community. Along this continuum of needs are requirements for specialized services such as treatment for youthful sex offenders, child victims of sexual abuse, and youth struggling with sexual identity. There are several unresolved issues undermining local efforts to provide a full range of quality, evidence-based mental/behavioral health services to children and families in the child welfare system, including lack of Medicaid funded mental health services and the lack of a strong nuanced array of mental health services in the District. Medicaid does not cover the services that are often needed by the roughly 60% of youth in District foster care over age 13, who do not meet the definition for "medical necessity".

Promising Practices
The Agency has implemented Youth Connections – staffings which are held with youth who have been in foster care for long periods of time, to identify significant adults in their lives with whom they may be able to form lasting connections that will support them when they exit foster care. To address the mental health needs of child welfare involved children and families, DMH and CFSA has recently completed a needs assessment of the mental and behavioral health needs of children and families. It provides the blueprint for mapping out specific service enhancement.

Item 18: Child and family involvement in case planning. *How effective is the agency in involving parents and children in the case planning process?*

Policy
Agency policy requires social workers to develop case plans within designated timeframes, and family stakeholders are to be an integral part of the development process.[67] The social worker is responsible for completing the case plan within 30 days of a child's placement and updating it with the family, at a minimum, every 90 days thereafter or when changed circumstances of the child or family require modifications to the case plan. Case plans shall be developed in a team environment including all age-appropriate children, parents, kin, the family's informal support network, out-of home caregivers, and other formal resources working with or needed by the family.

Administrative Reviews seek to ensure that a child's family and other significant parties are involved in the decision-making process and efforts toward achievement of a safe and permanent home for the child.[68] Participation of the child, the parents, and other significant parties to the case is essential to accomplish the goals of the Administrative Review. Agency policy requires that the case plan be signed by the child, when age appropriate, the child's parents, the family social worker

[67] Foster Care Policy; Permanency Planning Policy.
[68] For more information regarding Administrative Reviews, please see Item 26.

and the supervisor for the family social worker, as well as the child's social worker and supervisor.[69]

Practice

CFSA's Practice Model promotes parental and family engagement in the case planning process. Mandatory training ("Engaging Families in the Process of Change" and "Engaging Fathers") supports the Agency's efforts to build a foundation for family involvement in the case planning and decision-making processes. Early engagement of families is a key component of case planning. CFSA has added a level of quality assurance that documents family participation in the development of case plans – the *Case Planning Acknowledgement Form*. This process provides an opportunity for any participating parent/family member to formally disagree with the tenets and requirements of the case plan. Parental involvement in case plan development is also tracked through regular supervisory sessions between social workers and their supervisors.

To maximize family participation in Administrative Reviews, the Agency has expanded the review schedule to include hours that are more convenient for working parents. CFSA has also integrated the Family Team Meeting and Structured Decision Making models into the child and family case planning process. Family Team Meetings enable staff to initiate case planning and engage families and key stakeholders in the case planning process from the onset.

Performance

Since the last review, the Agency has modified policies and training to enhance child and family involvement in case planning. Most significant has been the implementation of Family Team Meetings. As previously noted, from October 2005 through July 2006, a total of 1726 family members participated in an FTM meeting where a total of 851 children were served by the FTM.

Strengths

The Agency has seen positive findings around engagement with fathers through the FTMs. Despite the widely held belief that fathers are mostly not involved with their families, the May 2006 QSR noted father involvement as a strength. FTMs are a key strategy that has been successful in getting fathers and paternal family members involved in decision making for a child. Further, all social workers have lap tops, so that they can have access to FACES.NET while they are in the field. This allows then to do case planning with children, youth and families in their own communities.

Challenges

Aside from information documented in Administrative Review summaries, there is currently no mechanism for measuring family involvement in case planning. Some of the barriers related to this item were identified in the May 2006 QSR. The QSR findings noted that case planning and intervention with the family did not always get to the underlying issues that were causing the child abuse and neglect concerns. This was attributed to social workers having difficulty engaging families who are not Court involved and therefore cannot be "ordered" to comply with services.

While the Agency has demonstrated improvement in the completion of case plans, the challenges moving forward are to improve the level of parental involvement in this process. The Agency recognizes that parental involvement in case planning is critical to identifying outcome focused goals and/or specific timelines for achieving goals.

[69] Administrative Review Policy, June 2006 draft.

Promising Practices
Since the May 2006 QSR, CFSA has begun working on a new project to revamp in-home case practice. A central feature of the new project is the Cornell Family Support Worker (FSW) model of engaging families. The HFTC Collaboratives have a credentialing program for Family Support Workers to work with social workers and families on their caseload who are in need of time-limited and intensive home-based support services. The FSW is concerned with non-clinical needs (e.g. budget planning, advocacy) that a family may have. In this model, the family is the lead in making decisions and formulating a plan. The overarching goal of this family-focused and strength-based approach is the development and provision of immediate access to services as well as early identification of the risk of maltreatment and prevention. This model represents a major paradigm shift in practice from the social worker telling the family what services and plan to follow to the social worker facilitating the family making decisions about their plan. CFSA hopes to begin training staff in this new model spring of 2007. The Agency expects to see further improvement in the level of family engagement around the development of case plans and this should be reflected in administrative reviews, QSRs and other mechanisms that evaluate this item.

Item 19: **Caseworker visits with child**. *How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?*

Policy
CFSA has detailed policies for social worker visitation of the children that CFSA serves, which are partially dictated by the AIP. These policies are in effect for CFSA social workers as well as those from contracted private agencies with full case management responsibility.

- *During the first four weeks after a child is placed in out-of-home care or moved to a new placement*, the social worker shall visit the child in the placement no less frequently than once a week.
- *For children who have been in care (in the same placement) for more than four weeks,* the worker shall continue to visit frequently and should visit at a minimum of once every two weeks. At least one of these visits shall occur in the child's place of residence.
- *For children who receive services in their own homes,* the worker shall visit twice monthly, with at least one visit occurring in the child's home.
- *For children placed more than 100 miles outside of the District of Columbia,* the worker shall monitor the placement with monthly telephone calls to the social worker from the receiving state, monthly telephone calls to the child (when he or she has a relationship with the child), and visits with the child face-to-face at least twice per year.
- *Workers are responsible for assessing the safety of each child at every visit* and each child must be separately interviewed at least monthly outside of the presence of the caretaker.

Practice
The Agency has made tremendous strides in the area of caseworker visits with children and youth in its care. Between 2004 and 2006, Agency performance in the area of overall visitations has improved significantly. A comprehensive assessment of current visitation data indicates that between 2004 and 2006, monthly social worker visits to children and youth in care increased from 64.8% to 88.9% (December 2006), while in-home visitations have increased from 35.7% to 74.2%

(December 2006). Improvements in the area of visitation continues with most recent data indicating that monthly visitation has increased from 88.9% to 93.3% between December 2006 and March 2007 and in-home monthly visitation has increased from 74.2% to 77.9% between December 2006 and March 2007. CFSA attributes the increase in numbers of visits to the 2006 In-Home Redesign. Stakeholders noted that while the quantity of visits now occurring is a strength for CFSA, the Agency should now focus on enhancing the quality of those visits.

Performance

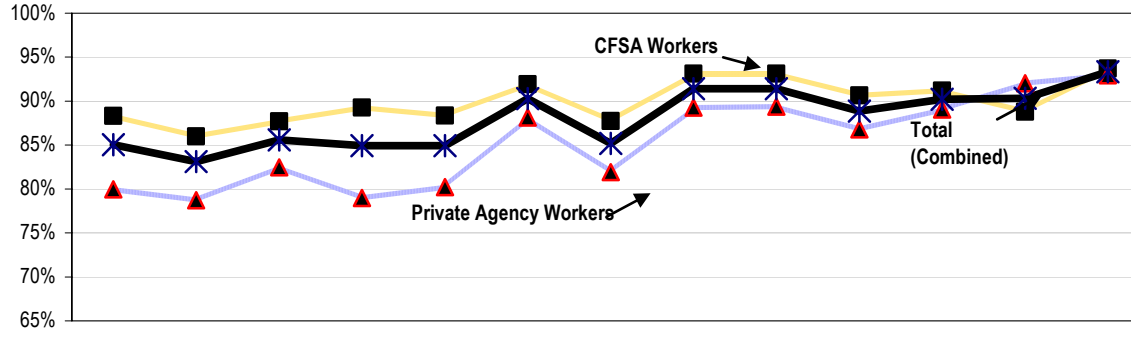
CFSA created monthly management reports that are aggregated into trend analyses to measure compliance with the AIP performance benchmarks regarding visitation. CFSA management uses this information to identify specific direct service units in need of improvement.

The statistics below reflect CFSA's most recent monthly performance on visitation measures as compared to those from April/May 2006, prior to the reorganization of the In-home and Reunification administrations.

As of January 2007, social workers completed weekly visits to 50.8% of foster children during their first eight[70] weeks of placement. CFSA's performance improved significantly from the May 2006 statistic of 40%.

For foster children requiring bi-weekly visitation, March 2007 data revealed that social workers met the requirement 73.6% of the time. They made monthly visits 93.3% of the time. In March 2006, the performance statistics for these two measures were 49.2% and 89.5%, respectively. Monthly trend analysis indicates a steady improvement in the latter half of 2006 on both fronts, although both statistics need to improve to meet the AIP benchmarks.

Figure 12. Monthly Visits to Children/Youth in Foster Care (March 2006 ~ March 2007)



	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
CFSA	88.3%	86.0%	87.7%	89.3%	88.3%	91.9%	87.8%	93.1%	93.1%	90.6%	91.2%	88.8%	93.7%
PA	80.0%	78.7%	82.5%	79.0%	80.2%	88.1%	81.9%	89.3%	89.4%	86.8%	89.0%	92.0%	92.9%
Total	85.0%	83.1%	85.6%	84.9%	84.9%	90.3%	85.2%	91.4%	91.4%	88.9%	90.2%	90.3%	93.3%

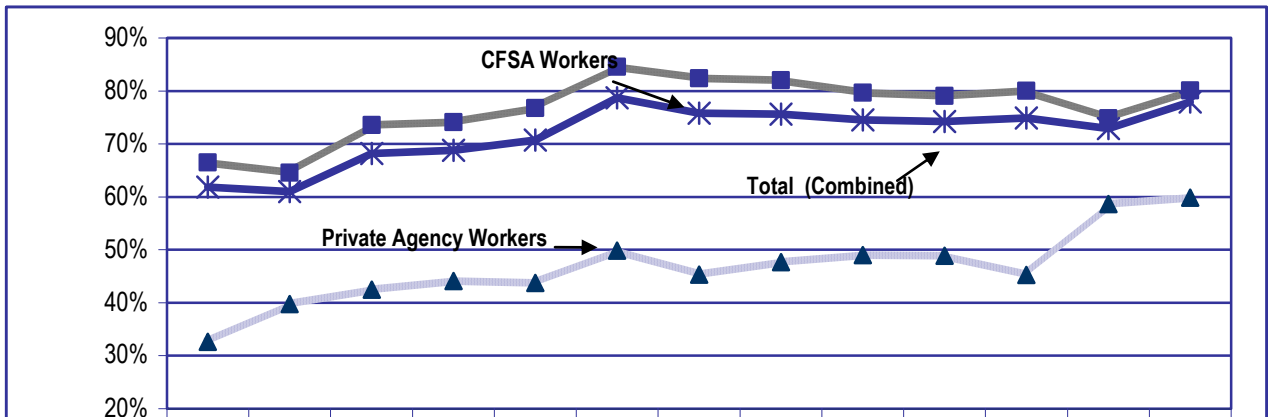
Source: FACES Report CMT165

As of March 2007, social workers (CFSA and private agency) completed monthly visits to

[70] Under the AIP, effective February 2007, the Agency measures visit within the first four weeks of placement. Prior to this change, the visitation was measured within the first eight weeks of placement.

children residing in their own homes in 77.9% of cases (up from 61.8% in March 2006), and twice monthly visits in 41.3% (up from 21.7% in March). While performance has steadily improved in 2006, it has yet to reach the Amended Implementation Plan benchmarks.

Figure 13. Monthly Visits to Children/Youth in Home (March 2006 ~ March 2007)



	Mar-06	Apr-06	May-06	June-06	July-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
CFSA	66.5%	64.6%	73.6%	74.1%	76.8%	84.6%	82.4%	82.0%	79.7%	79.1%	80.0%	74.8%	80.1%
PA	32.6%	39.7%	42.5%	44.1%	43.8%	49.9%	45.3%	47.7%	49.0%	48.9%	45.3%	58.6%	59.8%
Total	61.8%	61.0%	68.2%	68.8%	70.7%	78.7%	75.8%	75.6%	74.6%	74.2%	74.9%	72.9%	77.9%

Source: FACES Report CMT166

Strengths

Along with the reorganization, CFSA and its private agency partners implemented a variety of strategies that have contributed to the recent improvements in overall visitation performance.

- Social work supervisors have access to visitation management reports to track workers' visitation progress throughout the month. Having this information readily available has increased accountability among social workers and supervisors.
- CFSA has been making more regular and strategic use of the HFTC Collaboratives to host visits, which can facilitate scheduling, minimize social worker travel, and maximize efficiency in performing the visitation function.
- CFSA has embraced alternative work schedules and overtime to allow for visits after hours and on the weekends.
- CFSA took steps to maximize the efficiency of visitation-related travel for Agency social workers by increasing efficiency and accountability in the management of Agency vehicles used for social worker visitation. At the time of the last statewide assessment, issues with vehicle scheduling and availability adversely impacted social worker visitation efforts. The Agency has consolidated and re-vamped its fleet management to ensure that social workers know exactly when vehicles are available for use, and they are able to plan their field work accordingly. The Agency has also made available daily car rentals from *Zip Cars* and *Flex Cars* to the social workers. Additionally, in 2006 CFSA published an administrative issuance on the use of personal vehicles for official Agency business, which detailed appropriate use of personal vehicles and the mechanisms for expense reimbursement.

Challenges

CFSA's private agency partners are held to the same requirements and standards regarding visitation. In the visitation categories, private agency performance and CFSA performance are

competitive with CFSA slightly ahead or behind during given periods or private agencies slightly ahead or behind during any given period, indicating no concrete identifiable trend. The Agency sees this as an opportunity to assist the private contractors in building capacity through strategic problem solving sessions. CFSA is sharing its strategies and offering technical assistance to the private agencies in their efforts to improve performance. Future plans include working collaboratively with the private agencies to determine where the gaps are and find creative and strategic ways to move closer to meeting the benchmark.

Promising Practices

CFSA's management team implemented a visitation workgroup, focusing on development of strategies to improve the frequency and quality of visitations. Program staff have been meeting and sharing proposed strategies with the management team.

Item 20: Worker visits with parents. *How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?*

Policy

CFSA has detailed policies for social worker visitation of the birth parents that CFSA serves. These policies are in effect for CFSA social workers as well as those from contracted private agencies with full case management responsibility.

- *For children and families who receive services in their own homes,* the worker shall make efforts to visit twice monthly, but at a minimum will visit once a month.
- *During the first three months after a child is placed in out-of-home care,* the social worker shall visit the child's parent(s) no less frequently than twice per month, unless the parent(s) is (are) unavailable or refuses to cooperate with the Agency or contracted agency.
- *After the first three months,* the worker shall continue to work with the child's parent(s) as often as is necessary to facilitate reunification, but with a minimum of once a month for as long as the goal is reunification, unless there is documentation that the parent(s) is (are) unavailable or refuse to cooperate with the Agency or contracted agency.[71]

Practice

Since the implementation of the In-Home Redesign, CFSA's performance with parental visitation has improved. As previously noted, CFSA created monthly management reports that are aggregated into trend analyses to measure compliance with the Amended Implementation Plan performance benchmarks regarding visitation. CFSA management uses this information to identify program areas in need of improvement.

Generally, CFSA makes efforts to visit and engage parents and caretakers for whom reunification is the goal. The parent's gender is of no relevance, nor is the parent's custodial status prior to the child's placement into foster care. If the Agency and the family Court agree that a particular parent is a viable and stable option for reunification, then CFSA arranges for social worker visitation of that parent. Whenever appropriate, the Agency does also attempt to engage non-custodial parents who are not involved in the reunification plan, but regular visitation with these non-custodial parents is neither tracked nor required.

[71] When the goal is not reunification and parental rights have not been terminated, workers will visit parents as appropriate to facilitate achievement of the established goal and/or implementation of necessary services.

Performance
As of January 2007, social workers completed twice monthly visits to 50% of parents whose children were placed in foster care within the last three months. Private agency workers are performing at a higher rate than CFSA staff, but neither is meeting the AIP benchmark. In March 2007, CFSA performance with twice monthly visits was 47% while private agency workers visited parents monthly and twice monthly at 75%.

While performance has steadily improved in 2006, it has yet to reach benchmarks for parent visitation in both in-home and foster care cases. CFSA expects that as workers continue to transition and grow comfortable with the re-organization of the in-home and reunification units, the trend of improvement will continue at an accelerated rate.

Since 2006 supervisors, program managers and program administrators have a consistent protocol for analyzing management reports, identifying issues, and taking corrective action to ensure that FACES information is reflective of actual case work. On a monthly basis Management Team Meetings review these reports focusing on Agency and contractor performance in areas, e.g., visitation, case plan completion, etc. Regular review and discussion of performance and barriers helps maintain staff focus on achieving these important measures.

Strengths
Many of the strategies that have assisted with caseworker visits have also improved parent-worker visitation performance. They include:

- Access to visitation management reports to track workers' visitation progress throughout the month, which increases accountability among social workers and supervisors.
- Use of the Community HFTC Collaboratives to host visits, which can facilitate scheduling, minimize social worker travel, and maximize efficiency in performing the visitation function.
- Alternative work schedules and overtime to allow for visits after hours and on the weekends.
- Increasing vehicular accessibility and efficiency through reallocation of the existing fleet of government vehicles, the acquisition of Zip Cars and Flex Cars and allowance of personal vehicles for official Agency business.
- Each social worker has been issued a cell phone to ensure that parents have continual access.

Challenges
With in home-cases, there is no Court involvement, and therefore families receive services from CFSA or its community and agency partners on a voluntary basis. In cases where the child has been removed from the home, parents are often transient and difficult to locate and engage. They also require more complex services, such as substance abuse and mental health services, to which there is limited access in the District.

Another barrier has to do with timely and satisfactory documentation of visits in the FACES system. Unsatisfactory documentation complicates the case transfer process, and it also understates CFSA/private agency performance regarding visitation goals.

Finally, despite the eligibility for the loan repayment program, frequent staff turn over among the private contractors has also proven to be a barrier to achieving good practice in this area. The Agency is working with contractors on strategies to stabilize the private agency workforce. An examination of the issue is currently underway.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Children receive appropriate services to meet their educational needs. *How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

Policy

It is the policy of CFSA to ensure that all children have access to an educational program that is appropriate to the child's age and abilities, one that is designed to meet their unique needs and will suitably prepare them for additional education, future employment, and eventually independent living. In collaboration with the District of Columbia Public School System (DCPS), it is the policy of CFSA to ensure that every school aged child is appropriately enrolled in school and that every child's educational goals are met in a timely and appropriate fashion. Accurate information on the number of CFSA children who receive educational services, including the location where these services are provided, shall be maintained. Such information shall be recorded in FACES for all children under the care of CFSA.

Prior to the revision of CFSA's education policy, the roles and responsibilities of the CFSA social workers were ill-defined and few procedures were in place that ensured children received appropriate educational services or that formalized the collection of education-related data. A greater focus and attention was given to the educational success of children in care during Summer 2006, which coincided with CFSA's implementation of the necessary strategies to formalize its practice and improve its relationship with the school systems. Since this time, CFSA has dramatically improved the processes for exchanging data with the public school system, for ensuring the integrity of its own data, and for evaluating the educational outcomes of children in care. The procedures to execute these improvements are outlined in CFSA's education policy which, in turn, provides the Agency with a formal structure and a tool to enforce accountability.

Practice

A paradigm shift is occurring in all aspects of practice at CFSA; from the inception of a case, the teaming approach is encouraged, which includes information-sharing about education related matters. The Family Court, CFSA, and DCPS are all making a more concerted effort to address educational issues for children/youth served by CFSA. For example, during the removal FTM, educational status is discussed. This allows the parent/family members to discuss their role and knowledge of the youth's functioning in regards to education. Teachers and other school personnel are invited to participate in FTMs to ensure continuity of care.

The Social Worker ensures that the case plan reflects the educational needs of the respective youth. As the custodial parent, CFSA has access to any educational information for youth in care to ensure appropriate services are being rendered to meet their needs. Any documentation received on a youth's educational status is placed in the Agency record and forwarded to their placement provider who is also involved in educational planning.

To the extent possible, CFSA social workers are required to actively coordinate and facilitate the procedures that ensure children receive appropriate educational services. The CFSA social worker is responsible for maintaining accurate documentation of the child's case history within the SACWIS system. This history includes inter-jurisdictional enrollment agreements, Individual

Education Plans for children receiving specialized services, documentation for transportation services, and general educational information regarding the child's performance.

In accordance with the Individuals with Disabilities Education Act (IDEA), DCPS has full responsibility for educating all children who are residents or wards of the District of Columbia. Due to the transient nature of the youth we serve, CFSA also provides school transportation (on a very limited basis), processing of tuition waivers/enrollment documents, liaison with DCPS, and tutoring services. Transportation is provided for youth that are classified as general education students and to special education youth that are waiting for DCPS to activate their transportation services. There are 11 youth currently receiving transportation services through CFSA. This service is generally accessed for youth that are making a placement change but could benefit from remaining in their former school setting or young children that can not walk or take public transportation as a result of their age. CFSA has 17 contracts with tutoring vendors to supplement those services provided by DC Public Schools through the No Child Left Behind Act. The CFSA FY2007 budget appropriated $3,250,000 for tutoring services. These numbers are indicative of the educational gaps that exist in our school system. Social workers and foster parents are being encouraged to assess the effectiveness of the tutoring services being rendered, to ensure they are meeting the needs of the identified youth.

In FY07, CFSA released Requests for Proposals (RFP) for both mentoring and tutoring services. Contracts have been awarded and services have been implemented. Referrals for paid mentoring and tutoring services are coordinated through the Agency's Office of Clinical Practice (OCP). Also in FY07, CFSA released a Request for Applications (RFA) for a Volunteer Mentor Partnership grant. In March 2007, the Agency launched this new mentoring initiative which targets children and youth in in-home and foster care placements with mild to low moderate risk factors as determined by OCP. That office will refer children and youth eligible for the VMP to the Office of Volunteer Services to be matched with volunteer mentor providers.

In addition to the responsibilities of the social worker, it is the expectation of CFSA that foster parents be actively involved in the educational well-being of the youth placed in their homes. As of September 30, 2006, CFSA had 1,682 youth between the ages of 5 and 18 in out-of-home care. 942 of those school-age youth were placed outside of the District of Columbia (it should be noted that if a child is in need of special education services, a school district must continue providing services until the child's 22nd birthday). These numbers represent the importance of foster parent support to ensure appropriate educational instruction is being received. Foster parent participation is also being encouraged at PTA meetings, Parent's Night, parent-teacher conferences, course selection meetings with guidance counselors, and any other time deemed necessary to ensure appropriate educational services are being provided.

The execution of the new procedures relies on the agreements and collaborative responsibilities of both CFSA and the public schools system as outlined in the education policy. CFSA social workers fill a central role in ensuring children are connected to appropriate services. Furthermore, social work supervisors are mandated to review the educational information entered into the Statewide Automated Child Welfare System (SACWIS) for each client on a quarterly basis to ensure the accuracy and timely input of information.

Management staff of CFSA's Office of Clinical Practice (OCP) meet with the DCPS Office of Special Education and Office of Student Residency on a monthly basis to discuss systemic issues,

cross-system collaboration, and any cases requiring immediate action. The group is currently updating the Memorandum of Understanding and analysis of the compatibility of the two information systems to do automatic data exchange on relevant data points.

Finally, during 2006, CFSA adopted an Education Checklist and in 2007, implementation began. The information collected on this form will primarily be used to develop baselines on the educational performance and educational needs of all the children CFSA serves. The checklist is comprised of specific information that the worker should be gathering from the school and/or foster parent. Based on a model developed by the National Council of Juvenile and Family Court Judges, CFSA will share the pertinent educational data with Family Court judges as part of their decision–making process. On a bi-annual basis, CFSA workers will compile information regarding attendance, performance, changes in school placement, extracurricular activities, and enrollment on all children in care and provide that information to judges. The Court intends to use the checklist at all hearings for a child. Most important, the checklist will inform the worker and supervisor of the status of the child for planning purposes.

Performance

CFSA uses the bi-annual Quality Service Reviews (QSR) as a means of measuring the educational status of youth in care. During the Fall 2005 QSR which reviewed 39 cases, some children were doing well in their placement setting but were not functioning as well in school. Those who were not performing well in school had experienced several school placement changes, were frequently tardy or absent, or were not enrolled in appropriate educational settings due to incomplete or unavailable evaluations. With the implementation of its new procedures, CFSA anticipates significant improvement during the next Quality Service Review.

Strengths

CFSA was selected to participate in the Breakthrough Series Collaborative: Improving Educational Continuity and School Stability for Children in Out-of-Home Care sponsored by Casey Family Programs. This program provides technical assistance for implementing small-scale tests of change designed to improve the educational outcomes for children in care. Currently, CFSA has partnered with Shaw Middle School to develop appropriate strategies for improving services provided to foster children in attendance there. A core team – consisting of senior leadership at CFSA and DCPS, a birth parent, a young person, a data specialist, front-line staff from DCPS and CFSA, and community stakeholders – has been meeting regularly since December 2006 to formulate the projected outcomes for this project and the methods for assessing the effectiveness of a planned strategy. Beginning in January 2007, an extended team, which includes the Family Court judicial officer responsible for implementation of the education checklist, joined the core team. As a result of this project, CFSA anticipates that it will be able to demonstrate its ability to collaborate with an individual DC Public School to improve educational outcomes for children in out-of-home care, and have a model that can be replicated in other schools across the District.

CFSA and DCPS have entered into a Memorandum of Understanding ("Truancy Initiative") to facilitate the process for DCPS to make a report to the CFSA Hotline regarding allegations of educational neglect. This collaboration has proven effective in identifying clients who have reports of educational neglect - especially relating to issues of truancy - including an increase of calls to the CFSA Hotline and referrals of clients to the HFTC Collaboratives for follow-up services.
DCPS has also placed an Attorney Advisor within the Family Court to aid on any educational issues that may arise during family Court hearing matters.

Challenges

The educational performance of youth in our care is of great concern to CFSA. One factor contributing to poor educational outcomes is linked to many children/youth in out-of-home care having missed a significant amount of school prior to entering the child welfare system. During CY2005, nearly 40% (672 out of 1,712) of all substantiated investigations completed by CFSA involved educational neglect issues. This number suggests that a significant percentage of youth entering the foster care system already have identified educational issues. We anticipate that the truancy initiative mentioned above will impact this issue.

Another factor contributing to poor educational outcomes is frequent placement disruptions that result in multiple school placements. As of May 31, 2006, 16% (383 out of 2,377 children/youth in foster care) had three or more placements in the previous 12 months. CFSA developed an education white paper to review strategies for improvement.

The District of Columbia Public School system is the authorized provider of all educational services rendered to youth in CFSA care. However, a history of inefficiency in information sharing between the two agencies, as well as other barriers, such as federal and local laws, created challenges to ensuring that youth receive appropriate educational services**.** CFSA utilizes FACES to create an educational passport for all school-aged youth in care. CFSA and DCPS are in the initial stages of exploring automated methods of communication and information transmittal. This will ensure each agency maintains the most current and accurate data on our youth.

Since the passage of the *No Child Left Behind Act*, tutoring services are being offered more frequently within our schools. This has decreased the number of tutoring contracts that CFSA has had to fund and monitor. However, CFSA continues to have large expenditures each fiscal year for tutoring and other educational related services for youth.

Promising Practices

CFSA relies heavily on the strength of the internet-based SACWIS system. Through key collaborations with the DCPS and the DC Family Court, CFSA has begun to put into place a data exchange network between DCPS and CFSA that will allow the Agency to produce more accurate and informative reports from the SACWIS database. CFSA anticipates access to the child's grades, attendance rate, and educational status from the school system. This data in conjunction with the Agency's knowledge of the child's social history will allow CFSA social workers to focus the child's case plan to appropriate services and better educational results. As data-sharing improvements are tested and implemented, CFSA expects a rapid rate of improvement in achievement of educational goals for children/youth involved with the child welfare system.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. *How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Policy

Each child entering foster care shall receive a health screening within twenty-four (24) hours of placement. The purpose of this screening is to gather information to identify health problems (if any) and needs for immediate care. In an effort to provide support for the completion and follow up for these assessments, the CFSA Office of Clinical Practice (OCP) – Health Services Division shall either schedule examinations for the child or help the foster parent schedule it within the required timeframe. An initial dental assessment must be conducted within 14 days of placement.[72]

Once a child has been removed from the home, the child case plan shall include a healthcare plan.[73] To help achieve optimum preventive healthcare, each child must have periodic comprehensive medical assessments; also known as well child visits, on an ongoing basis (per Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements). Comprehensive dental care for children in foster care shall include routine restorative care and ongoing dental examinations, preventive services and treatment as recommended by the dentist. Follow up care for all conditions identified in the initial dental assessment shall be required.[74]

CFSA's AIP requires children to have a health screening prior to placement in foster care. During the second quarter of FY06, 74%[75] of children entering foster care had pre-placement screenings.

CFSA also requires children in foster care to receive full medical and dental evaluations within the first 30 days of placement**.** During the second quarter of FY06, 34% of children entering foster care received a full medical evaluation within 30 days, while 61% received a full evaluation within 60 days. Twenty-three percent of children received a dental evaluation within 30 days and 41% received a dental evaluation within 60 days. In addition, CFSA is to provide caregivers with documentation of Medicaid coverage within five days of placement and Medicaid cards within 30 days of placement. Further, Medicaid coverage is to remain active for the entire time a child is in foster care.

Practice

The **D**istrict of **C**olumbia **K**id **I**ntegrated **D**elivery **S**ystem (DC KIDS) is a CFSA program mandated to be the medical repository of information for all children entering the foster care system. The contractor for the DC KIDS program is the Children's National Medical Center (CNMC). All children entering the DC foster care system are enrolled into this program. During the second half of FY06, 74% of children generated a medical record upon entry into foster care.

[72] Healthcare Management, Chapter I: Initial Evaluation of Children's Health, July 2005
[73] Permanency Planning, June 15, 2006 draft.
[74] Healthcare Management, Chapter II: Preventative and ongoing Care, July 2005
[75] FY06 medical and dental evaluation percentages reflect six month average.

Medical activities initiated through the DC KIDS program populate to the FACES medical screens via an electronic interface between the program's contractor and CFSA's SACWIS (FACES).

CFSA has established a pool of specialized health care resource persons to be available to social workers including a physician, nurse program manager, nurse supervisor and five full-time registered nurses. These five nurses provide support to the Child Protective Services and four on-going administrations. CPS nurses support the investigating social worker by gathering information for the medical core contacts and ensuring that necessary evaluations are obtained during the investigation process and prior to the completion of the investigation. With an average of 382 service requests per month, the highest risk children receive intensive services and medical case management. Three ongoing nurses support the In-home/Reunification and Guardianship/Adoptions social workers by providing professional nursing care to CFSA-involved children/youth. This is done by assessing clinical information to determine the potential for high-risk complications and by serving as an advocate in meeting the health care needs of the children/youth.

During the first quarter of FY07, the OCP management team (consisting of medical and mental health professionals) implemented bi-monthly meetings with social workers to staff complex high profile cases.

The Health Services and Clinical Support Administrations are available 24/7 to aid in medical emergencies, authorize medical treatment and provide medical consultation to social workers, foster parents, contracted providers as well as other medical professionals.

With the exception of children enrolled in Health Services for Children with Special Needs (HSCSN), children entering the District's foster care system are transitioned to Fee for Service Medicaid. HSCSN is a managed care organization that coordinates care for children and youth with disabilities and complex medical needs. Currently, there are 121 CFSA-involved children enrolled in HSCSN. These youth receive a broader delivery of health care services tailored to their chronic health care needs. CFSA's Health Services Administration oversees healthcare services for this population.

In-home cases maintain or initiate coverage through a Medicaid Managed Care Organization (MCO) for the provision of their health care services, while the DC KIDS program services children with a legal status of 'shelter care' or 'commitment.' In-home cases are serviced through the DC KIDS program only with an order from the Court. Health Services staff are available for consultation with social workers on all cases (in-home and out-of-home).

Performance

During FY05, the two nurses dedicated to CPS interacted on 4,792 service requests and in FY06 they interacted on 4,592 service requests. During FY05 the nurses dedicated to the on-going administrations interacted on 12,172 service requests and in FY06 they interacted on 11,493 service requests. Service requests include consultations with social workers, children/youth, foster parents and health care providers. The settings include hospitals, home and school visits, clinical staffings/FTMs, child fatality reviews, hospital treatment team conferences, and Court appearances. Other administrative duties include writing Court reports, record reviews, immunization retrieval, social worker and foster parent training, health promotion and education.

As defined by the *Improved Child Abuse Investigations Amendment Act of 2001*, henceforth referred to as the Patterson Bill, a child may be abused or neglected who is born addicted or dependent on a controlled substance and must be referred to the CFSA hotline for intervention services. During FY05 and FY06 the nurses received 118 and 121 referrals respectively from the CPS hotline for substance-affected infants. One hundred percent of the referred mothers and their infants were visited by a CPS nurse (with or without the social worker) for the purpose of assessing the medical status, safety and well being of the infant in the home. These cases were opened in CFSA for on-going monitoring by a social worker and an on-going nurse.

In compliance with the *Child Abuse Prevention and Treatment Act* (CAPTA) children between the ages of 0-3 involved in a substantiated case of child abuse and neglect are referred to the Early Care and Education Administration (ECEA) for early intervention services. During FY06, 364 referrals for early intervention services were submitted to ECEA by the OCP nurses.

An FY05 survey conducted by the Foster and Adoptive Parent Advocacy Center (FAPAC) reported that 85% of foster parents' surveyed expressed confidence in their ability to obtain medical services for their foster child. Eighty-two percent expressed confidence in their ability to address their foster children's health care needs. The FAPAC survey reported that 46.3 % of foster parents received a medical history report and 41.5 % received a CFSA information packet. Foster parents who use DC KIDS for care reported high levels of satisfaction with the quality of care, office hours, and information provided after the appointment.

Strengths

In January 2004, CFSA conducted a Health Assessment to determine how health care services were being delivered to children in the District of Columbia. Major sources of information for this report included key informant interviews, document reviews, analysis of a range of administrative data from both internal and external sources, qualitative information from case reviews conducted by outside experts, focus group data, and case studies of experiences in other jurisdictions. This process helped CFSA identify those areas where we were doing well and those in need of improvement. This assessment helped inform discussions for contracted services, including the DC KIDS program administrated by CNMC.

CFSA-involved children access and receive medical and mental health services throughout the tri-state area (District of Columbia, Maryland and Virginia). The District utilizes multiple funding resources to purchase medical services for children in the custody of CFSA. The Medicaid Assistance Administration (MAA) provides health care coverage for all children entering foster care through a Fee-for-Service (FFS) Medicaid model. MAA assists CFSA in accessing medical services through an MCO when it is deemed appropriate, pending FFS coverage. The District's Income Maintenance Administration (IMA) processes the coverage changes from the MCO to FFS (coverage changes typically occur within 15-45 days of entering foster care). One hundred percent of children in the care and custody of CFSA are eligible for enrollment into either the Medicaid or Health Services for Children with Special Needs (HSCSN) managed care programs.

Key collaborators with CFSA's Health Services Administration include the Departments of Health, Human Services and local medical centers with child- and family-focused programs. The Department of Health's Healthy Start program is a grant funded program designed to address the District's issues around infant mortality by providing expectant and new mothers with case management services. Per the aforementioned Patterson Bill, CFSA refers all cases of substance

affected infants to the Healthy Start program for services. The DC Immunization Registry allows designated CFSA Health Services' personnel to access the Registry's database for the purpose of obtaining an official record of a child's Vaccine for Children (VFC) administered immunizations.

Pediatric residents have an opportunity to gain community pediatric experience related to in-home and out-of-home cases through a monthly rotation supervised by the CFSA Medical Director or twice monthly half-day medical-related site visits with CFSA pediatric nurses. The Georgetown University Hospital (GUH) Mobile Pediatric Van provides primary and acute care services for CFSA-involved children. The Hospital for Sick Children Pediatric Center (HSC) provides sub-acute care for medically fragile children as well as care for medically fragile children awaiting placement into a therapeutic foster home. HSC also assists and trains foster parents to acclimate to the child and their individual needs.

Challenges

According to the Medicaid Assistance Administration, there are no DC Medicaid dental subspecialty providers for orthodontics, endodontics and dental surgery available for the District's foster care population. The FAPAC survey noted some challenges that foster parents face in accessing medical care. These challenges include timeliness of appointments and location of providers, specifically for foster parents in Maryland. Foster parents in Maryland also noted that they had difficulty getting prescriptions filled and obtaining dental care. Finally, some foster parents indicated that they did not receive children's Medicaid cards. CFSA is working to address these and other system improvements in the new DC KIDS contract.

Promising Practices

The AIP includes several action steps related to children's health:

- CFSA will execute a new contract with DC KIDS to include a community-based DC KIDS clinic for pre-placement medical and behavioral screenings and a comprehensive Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) examination. The center will also manage care coordination, appointment scheduling, and have technology enhancements to ensure data transfer between CFSA and DC KIDS.
- New legislation is being implemented that requires health professionals and others to provide access to medical records immediately upon request by CFSA.
- CFSA will collaborate with MAA and the MCOs to develop a tracking and monitoring process that will provide the MCOs with alerts that children/youth under their care are receiving services from CFSA. CFSA will collaborate with MAA to determine the feasibility of CFSA's access to MAA's EPSDT registry, to learn from MAA whether a child receiving services from CFSA is current in the EPSDT examination.
- Finally, CFSA is to finalize arrangements for services with "Small Smiles," a dental clinic in DC that serves Medicaid children ages 3 to 20 and includes bilingual staff of dentists, hygienists and dental assistants. Additionally, "Dentistry on Wheels" will be coming to the Agency twice a month to provide onsite services to CFSA involved children.

Item 23: Mental/behavioral health of the child. *How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Policy

Once a child has been removed from the home, the child case plans must include a description of any mental health services to be provided to address the child's mental health needs, the goals of those services, how progress will be assessed, and the anticipated achievement date.[76] The Early Periodic Screening Diagnosis and Treatment (EPSDT) requires an assessment of mental health development for all Medicaid eligible children and psychiatric and psychological services must be made available as appropriate to the needs of children in foster care.[77] Psychiatric, psychological and other essential services shall be made available appropriate to the needs of children in foster care. The CFSA Behavioral Services Unit is responsible for the processing and linkage of referrals and evaluations for mental health treatment services and assessments for children with identified mental health needs.[78]

Practice

CFSA has a contract with the Children's National Medical Center (CNMC) to perform mental health assessments and to provide routine and specialty care for committed youth. CNMC has a designated Assessment Center at their main hospital site for CFSA children/youth to be seen. Social workers are required to accompany the child/youth to the screening and to ensure that all pertinent information is provided to the medical staff. This process allows for the immediate assessment of subtle and acute psychiatric needs. In the event of a psychiatric emergency, children/youth are triaged to the emergency room for a more intensive psychiatric consultation. At that time, a determination is made about whether services can be rendered on an out-patient basis or if in-patient hospitalization is necessary.

Since the last review, CFSA and DMH have collaborated in an attempt to streamline the evaluation process for children and families involved with CFSA. To that end, CFSA transferred funding to DMH to assist in the creation of an Assessment Center which serves as CFSA's primary source for psychological and psychiatric evaluations and mental health consultations. Referrals for the Assessment Center are completed through OCP's Behavioral Services Unit (BSU). This unit was put in place to ensure that CFSA referrals are expeditiously linked to DMH services as well as to services from CFSA-contracted vendors. Some examples of services that the BSU handles are individual, group and family therapy; expressive therapies; tutoring; mentoring; psychological and psychiatric evaluations. In addition, DMH and CFSA entered into a partnership to implement 3 evidence-based services: Multisystemic Therapy (MST), In-Home and Community-Based Services (IHCBS), and Crisis Mobile Response and Stabilization Services (CMRSS). These services are designed to assist CFSA-involved children who have more intensive mental health and behavioral needs. Currently, CMRSS is not universally available, although full implementation of all of the services should be complete by Summer 2007. OCP is responsible for making referrals, tracking usage and trouble-shooting for these services.

In addition to the Assessment Center, CFSA and DMH's collaborative efforts have included a transfer of responsibilities and funds for out-patient mental health services and residential treatment. In 2004, CFSA began to utilize the Core Service Agency (CSA) system implemented by DMH as its primary resource for out-patient mental health services. CSAs are community-based mental

[76] Permanency Planning policy, June 15, 2006 draft
[77] Healthcare Management policy, Chapter I: Initial Evaluation of Children's Health, July 2005.
[78] Healthcare Management policy, Chapter II: Preventative and ongoing Care, July 2005.

health agencies certified by DMH to provide therapy and evaluation services to its clients. Services are funded through Medicaid. Prior to utilizing the DMH services, CFSA had numerous contracted and non-contracted vendors providing these services using local dollars. In 2005, CFSA and DMH entered into a Memorandum of Understanding (MOU) regarding residential treatment center (RTC) services. This MOU was the result of District legislation which designated DMH as the responsible entity for RTC services. The MOU outlines the parameters around a transfer of financial responsibility for these services, as well as a joint effort to monitor treatment and lengths of stay for children placed in an RTC.

According to the AIP, DMH will review its allocation and create a plan that establishes additional staffing at DMH to support enhanced children's mental health services to include a) a systems coordinator/program manager for Medicaid eligible and non-Medicaid eligible services; b) a program analyst to analyze data and program effectiveness; c) a Community Based Intervention (CBI) coordinator; d) staff to coordinate all referrals from CFSA within the public mental health system in collaboration with the CFSA Behavioral Services Unit; and e) one psychologist and one clinical social worker to be assigned to CFSA's child protective services unit.

Performance

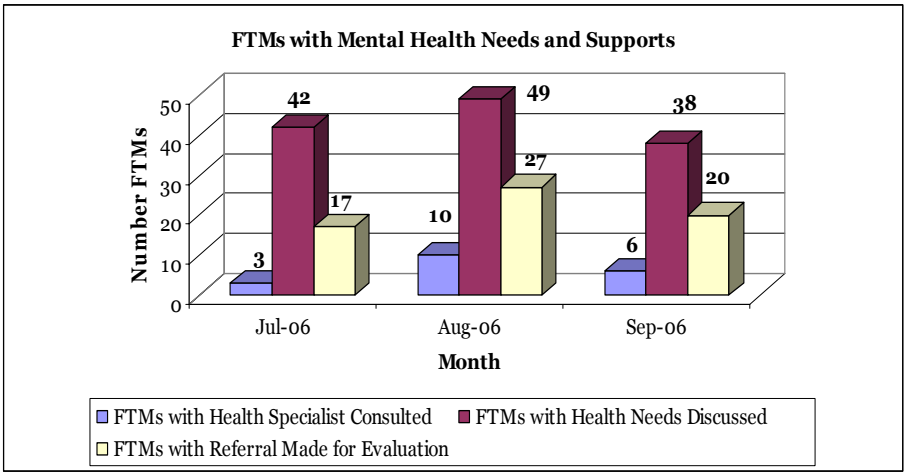
In the focus group with youth that self-identified as LGBTQ, all of the youth reported that they received some sort of therapy in the past. Four of the five youth stated that their therapists changed too many times and that they grew tired of re-telling their stories. All five participants also felt that their resource provider was not meeting their mental or emotional health needs.

Strengths

In 2001, the Office of Clinical Practice (OCP) was established to provide in-house expertise for the multiple issues that face the children and families that CFSA serves. OCP serves as the Agency liaison to other government entities such as the Department of Mental Health, Department of Health, Department of Youth Rehabilitation Services, Department of Disability Services, Addiction Prevention and Recovery Administration, and the Medical Assistance Administration. A large part of OCP's role is ensuring that children and families are connected to necessary and appropriate services. OCP staff includes a Licensed Clinical Psychologist and a Board-Certified Pediatrician who serve as CFSA's Clinical Director and Medical Director, respectively. The remaining clinical staff includes licensed social workers, registered nurses, substance abuse and domestic violence specialists, and a host of other specialists trained to aid social workers with a variety of case management functions and consultations. The nursing staff oversees all medical treatment, including review and authorization of requests for psychotropic medications. The medical and clinical teams are on-call 24/7 to assist with medical/mental health emergencies that occur outside of normal business hours.

OCP's Family Team Meeting (FTM) unit also routinely reviews and identifies mental health needs through the team decision-making process. As mental health and medical needs are assessed prior to the FTM, a specialist attends the FTM to address identified issues and to make recommendations for services to the family. The chart below shows the number of FTMs held over the last quarter of FY05 where mental health needs/supports were identified.

Figure 14. Family Team Meetings with mental health needs and supports.



The Department of Mental Health (DMH) has a Psychologist co-located at the Family Court. The Psychologist is on-hand to provide clinical representation during Court hearings as it relates to repetitive and/or over-utilization of mental health assessments. Finally, pursuant to the *LaShawn v. Fenty* AIP, CFSA and DMH will work to establish additional staffing at DMH to support enhanced children's mental health services.[79] Staff will include a staff member to coordinate all referrals from CFSA within the public mental health system (to be done in collaboration with the CFSA Behavioral Services Unit) and a psychologist and on clinical social worker to be assigned to CFSA's child protection unit under the direct supervision of CFSA's Behavioral Services Unit[80].

Challenges

In FY03, CFSA arranged for mental/behavioral health services to over 95 percent of child welfare clients who needed those services. Today, CFSA has only a small cadre of private providers who see less than 30 percent of children/families who need mental/behavioral health services. Instead, DMH is now responsible for serving most children/families in the local child welfare system. This transition has been fiscally successful in that the District is now drawing on Federal Medicaid instead of local funds for these services and allows for services to continue even after CFSA is no longer involved with the family. However, it has also limited the array of services and reduced service quality and access.

A major issue for the children and families served by CFSA is that mental health services are primarily funded through Medicaid (Mental Health Rehabilitation Services or MHRS). While this funding source is useful for disorders and syndromes found in the DSM IV-TR, it proves to be a significant hindrance when the client has not had a formal diagnosis, or exhibits symptoms or behaviors that do not meet DSM IV-TR criteria. This is often the case with children/youth referred by CFSA and brings to light the need for a more diversified funding stream that allows for the provision of preventative services prior to diagnosis.

[79] *LaShawn A. v. Fenty* Amended Implementation Plan, February 2007, p. 25.
[80] Other DMH staf will include a system coordinator/program manager for Medicaid; a program analyst to analyze data and program effectiveness; CBI and a coordinator.

In November 2006, CFSA and DMH produced a condensed white paper that highlighted some of the obstacles to building a comprehensive continuum of mental/behavioral health care for child welfare clients. The District has not historically been an attractive target for the large, national private companies that have the most skills and experience in providing mental/behavioral health services to child welfare clients. From their perspective:

- The small size of the District and the complex and deep end needs of our child welfare population limit profitability when compared to the revenue potential of large states.
- District Medicaid rates are considerably lower than many other jurisdictions, while costs of business—such as human resources—are considerably higher.
- The District's historical reputation for lacking strong program management, or its ability to draw down Federal funds also discourages participation.

The District of Columbia is unique in its geographical set up as its suburbs are located in different states. Because these other states are so close in proximity, CFSA has developed relationships and established foster homes in Maryland and Virginia. This cross-jurisdictional care poses some unique difficulties in providing mental health and other services to children. Medicaid reimbursement becomes a challenge for wards of the District who receive services in another jurisdiction. For example, if a child in an acute psychiatric crisis is hospitalized in Maryland, it is very likely that the Maryland hospital will not accept DC Medicaid as a viable reimbursement resource. This puts CFSA in the awkward position of having to transfer children across state lines or trying to identify resources to pay for treatment with local dollars.

Medicaid typically does not fund the complete array of mental/behavioral health services necessary to treat and support child welfare clients. All necessary services for this population do not fall within Medicaid's definition of "medical necessity." Nationally, most child welfare systems depend on a mix of Federal, local, and other funding to address client service needs. In the District, funding for mental/behavioral health services for child welfare clients from DMH comes mostly from Medicaid. CFSA expends $3 million to $4 million annually to address Court-ordered mental/behavioral health services not covered under the current District mental health system, which includes Managed Care Organizations (MCOs) and DMH. These funds are not allocated in either the DMH or CFSA baseline budget and require additional reprogramming and shortfalls in the foster care budgets to accommodate these unfunded mental health expenditures.

Promising Practices

The Amended Implementation Plan specifies several steps CFSA must take to enhance the capacity of mental health providers, expand the service array and improve children's mental health services infrastructure at the Department of Mental Health.

- Completion of a mental and behavioral health needs assessment to identify specific service needs and enhancement strategies; analyze whether Medicaid dollars will fund identified services within the DMH MHRS structure and what local dollars are required to support non-Medicaid eligible services. (Needs Assessment completed April 2007; plan to implement Needs Assessment developed by May 15, 2007.
- Issue a Request for Information (RFI) for mental health providers who can provide Court-ordered assessments and meet service needs of CFSA clients/parents in the District of Columbia and Maryland. CFSA will ensure the MCOs are prepared to serve children and families 24 hours/7 days per week. (August 31, 2007)

- Amend DMH clinical criteria to qualify children who have been discharged from a psychiatric hospitalization or who experienced more than two placements in one twelve month period for community and home-based interventions through DMH's community-based intervention services. (Completed March 2007)
- Ensure CFSA access to the Automated Client Eligibility Determination System **(**ACEDS) for determining the name of assigned MCOs for parents or children upon entry into care and for early access to existing linkages. (Completed March 2007)
- Develop and implement community alternative wrap-around services for youth at-risk for Residential Treatment Center (RTC) placement and for youth who have experienced multiple placements and/or hospitalizations. (Medicaid State Plan Amendment to CMS by September 30, 2007; implementation following CMS approval.)
- Develop the following crisis-intervention services to support and stabilize a child's placement (in-home or in foster home): by May, 2007, make available to foster and birth parents 1:1 support services by behavioral specialists and provide up to 3 days respite care; by July 1, 2007, develop statement of work (including budget and propose funding source) for crisis intervention services program to be operational for FY 2008. (Operational for FY2008)
- Establish the following additional staff at DMH to support enhanced children's mental health services: systems coordinator/program manager for Medicaid eligible and non-Medicaid eligible services, program analyst, CBI coordinator, coordinator for referrals from CFSA within the public mental health system in collaboration with the CFSA Behavioral Services Unit, and an additional psychologist and clinical social worker for assignment to CFSA's child protection unit. (Plan completed by March 31, 2007)
- Issue a Request For Proposals for residential services for children ages 6-12 and for other specialized day programming. (Contract for services by June 1, 2007)
- Determine the amount of CFSA FY08 funding needed to purchase mental health services not available through DMH provided or contracted resources. (Prior to FY08 budget development)

Section IV – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. *Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

The District of Columbia's Statewide Automated Child Welfare Information System (SACWIS) achieved Federal approval in January 2005. In receiving approval, the District met all requirements of a state system, including the ability to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

On February 27, 2006 the District implemented a web-based version of the SACWIS called FACES.NET. The FACES system has retained all the existing functionality approved in January 2005, but with enhanced functionality for Child Protective Services (Intake and Investigations), Contracts and Procurement, Provider Licensing and Monitoring, and common framework (i.e. functionality that is common across modules, such as approvals and workflow).

This web-based system achieves a number of CFSA objectives aimed at improving data quality. First, it creates uniform 24-hour access for CFSA staff and private-sector vendors providing case management services. Second, all CFSA case-carrying social workers are now equipped with laptops through which they can access FACES.NET from any location with an internet connection. Such access frees them from their desks and is most practical for entering accurate data shortly after visits in the field.

All CFSA and private agency case-carrying social workers received classroom training prior to the implementation of the system. Training manuals and tip sheets are always available both on CFSA's intranet and internet sites, providing ongoing assistance for entering critical data elements, such as status, demographic characteristics, location, and permanency goals for children and youth in foster care. The Child Information Systems Administration (CISA) which is responsible for FACES.NET also operates a Help Desk during normal business hours to assist CFSA staff with functional questions about the system.

A large number of management reports are generated by FACES and used to measure CFSA's performance in many of the following agencies: closing an investigation, completion of case plans, timeliness of administrative reviews/Court hearings, stability of placements and visits related to children and youth in care. The system also provides for analysis of foster care entrance and outcome data through historical cohort data. The report data is scrutinized by staff at all levels and across all administrations in the Agency. This scrutiny serves as a quality assurance tool as social workers and CISA staff monitor the functioning of the SACWIS and its ability to accurately record and track the BPIP data measures. There are several hundred other additional reports available to assist CFSA in managing day-to-day activities.

CISA staff work very closely with program staff and other support administrations to set priorities for system enhancements. The Agency has a Change Support Committee (CSC) that meets monthly to discuss the proposed SACWIS initiatives in order to prioritize the projects. The CSC is well-attended by staff from all CFSA administrations. This level of participation heightens awareness of the capabilities and challenges of FACES.NET and allows for a broad spectrum of Agency staff to contribute to any necessary improvements of the system.

B. Case Review System

Item 25: Written Case Plan. *Does the state provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?*

Policy
CFSA's policy states that the case plan must be completed within 30 days of a child's placement and updated, at a minimum, every 90 days thereafter or when changed circumstances of the child or family require modifications to the case plan. Case plans shall be developed in a team environment including all age-appropriate children, parents, kin, the family's informal support network, out-of-home caregivers, and other formal resources working with or needed by the family (e.g., the child's guardian ad litem, the parent's attorney, a representative from the Office of Clinical Practice). Specific service provision and planning for the individual child and his or her family are included in team consultation. All cases that are referred to In-Home and Reunification Services shall have a current case plan.[81] CFSA is responsible for developing timely, comprehensive, and appropriate case plans in compliance with District law requirements and permanency timeframes. Every reasonable effort shall be made to locate family members in order to develop case plans in partnership with youth and families, the families' informal support networks, and other formal resources working with or needed by the youth and/or family. Case plans identify specific services, supports, and timetables for providing services needed by children and families to achieve identified goals.

Practice
All federally-required elements are included in the FACES case plan form. Since the last CFSR, CFSA modified the case plan tool in FACES to include a section that shows participation of the parent(s), child(ren), and significant participants in the development of the case plan. Signatures of the parents and older children are used to indicate participation in the development of the case plan.

FACES management reports are generated on a monthly basis and track completion of case plans. CFSA publishes monthly scorecards that identify the extent to which both the Agency and private provider social workers complete case plans timely. These tools are used to monitor Agency and individual worker performance.

Performance
In March 2004, 80.7% of foster care cases (2,310 out of 2,864 – excluding cases that had no case plans but had been open less than 30 days) had current child specific case plans and 61.6% of in-home cases (986 out of 1,601– excluding cases that had no case plans but had been open less than 30 days) had current family case plans. In sum, 73.8% of all open cases (3,296 of 4,465 foster care and in-home cases combined) had current case plans.

By March 2007, 95.2% of children in foster care had current case plans. Ninety-five percent of children in foster care whose case management was being provided by CFSA, and 95.6% of children in foster care whose case management was being provided by private agencies had current child-specific case plans. Regarding in-home cases, 87.9% had current case plans by March 2007.

[81] Administrative Review, June 16, 2006; Permanency Planning, June 15, 2006 draft.

Eighty-nine percent of in-home cases managed by CFSA social workers and 86% of in-home cases managed by private agency workers also had current case plans.

Family participation in the case plan was identified as a concern during the September 2005 and May 2006 QSR reviews. The 2005 QSR report showed that in only 9 of 19 cases reviewed did the families have involvement in the children's case planning. While the CFSA social worker did meet with the birth mothers on a monthly basis, no ongoing team meetings were held to involve the mother in formulating the working case plan. Although individual team members were in contact with each other, there was no practice of getting all the team members together to formulate and review case plans. Despite the significant increase in the number of case plans, quality issues were found and are being targeted.

The May 2006 QSR reviews noted again that parents may have signed the case plan, but they could not articulate the goals that needed to be achieved to attain case closure. Another theme of the 2006 In-Home QSR was that case planning and intervention with the family did not get to the underlying issues that were contributing to the child's risk of abuse and neglect. This was attributed to difficulty in engaging families who are not Court-involved and therefore cannot be "ordered" to comply with services. Despite the widely held belief that fathers were mostly not involved in their families, the May 2006 QSR noted father involvement as a strength. One strategy that has been successful in getting fathers involved is the Family Team Meeting.

Strengths

Early engagement of families is a key component of case planning. CFSA's Family Team Meeting process has been fully functioning since January 2005. An external evaluation of the CFSA FTM process conducted by the American Humane Association revealed that although there is a no difference in safety, there is a statistically significant increase in the rate of foster care placements with relative families. Additionally, reunification upon foster care discharge is greater for children who are members of FTM participating families, compared to children who are not members of families participating in FTMs.

CFSA also has a youth-driven case planning process for children aged 14 ½ through 21 in foster care. This process incorporates youth conferences designed to ensure that children progress in learning life skills and adequately preparing youth to live as self-sufficient adults upon leaving foster care. Currently, there is a policy that transition plans must be completed for all youth in foster care, starting at age 14 ½. As yet, there is no quantitative data on compliance with this requirement.

Challenges

In addition to the challenge of successfully engaging families in the case planning process, stakeholders commented that case plans are not sufficiently individualized for children and families. CFSA is working on revising the format of the case plan to improve the quality of their content.

Item 26: Periodic Reviews. *Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a Court or by administrative review?*

Policy
CFSA has two processes in place for the periodic review of the status of each child no less frequently than once every six months. CFSA uses both a Court and an administrative review process to evaluate children's status in out-of-home care. This approach exceeds the Federal mandate to have either a Court review or an administrative review.

The status of each child in out-of-home placement, including children placed out-of-state, is to be reviewed at an administrative review within 180 days of a child's entry into the physical or legal custody of CFSA and every 180 days thereafter. Each administrative review is to include a review of the appropriateness of placement, the child's case plan, the child's legal status, and the child's permanency goal. Further, administrative reviews are to determine whether satisfactory progress is being made toward achieving agreed upon goals and objectives, as well as whether services described in the case plan are being provided appropriately. The administrative reviewer must assure the safety and well-being of the child and make recommendations based on the child's best interest. CFSA policy requirements for case reviews are the same for all children committed to CFSA, regardless of whether they also receive services from the District's juvenile and mental health systems. In-home cases undergo on-going review at the supervisory level.

Practice
During reviews, trained review specialists ensure that the discussions remain client and case plan focused. Recommendations from previous reviews are noted and reasons for non-achievement are discussed. Goal changes are recommended when warranted. These goal-focused reviews have contributed to an increase in the number of children achieving permanency. Case carrying supervisors are expected to monitor compliance with review recommendations as if they were Court requirements. Progress in meeting the prior recommendations is reviewed at the next administrative review.

Performance
CFSA's attempt to conduct administrative reviews on a six-month interval for every child in foster care has improved dramatically from 85% in FY04, to 98% and 99% in FY05 and FY06, respectively. Compliance with the deadline for holding Court permanency hearings has improved over several years. For cases filed in 2001, 79% had their permanency hearing within the deadline or had been dismissed before the deadline. For the 513 cases filed in 2005 which had reached the permanency hearing deadline by the end of March 2006, 99% were in compliance.

In addition to improvements in the timing and frequency of reviews, there has been substantial improvement in methods and the quality of reviews. A marked attempt has been made to increase the participation of biological parents and other stakeholders. Previously, reviews were frequently held by two professionals: the administrative reviewer and the social worker assigned to the case. Currently, consistent with CFSA's Practice Model, participation in administrative reviews includes parents, foster parents, attorneys, and other interested parties. Notification letters are sent to all of the above-mentioned stakeholders, particularly parents, six weeks in advance of the review. Reminder telephone calls are also made. Some reviews are scheduled in the evening to accommodate working parents and there is conference call capacity to expand participation. Parents and others are given introductory letters at FTMs, so that they leave with advance notice of the content and purpose of the review.

The previously mentioned efforts resulted in an increase in stakeholder participation from 204 in October 2004 to 366 in September 2005. CFSA is currently undertaking a survey of nonparticipating stakeholders to determine the reasons for nonparticipation and to further remove barriers to increasing participation. CFSA recognizes that an increase in parental participation remains an important goal and strives to improve in this area.

A conscientious effort to have the reviews facilitated by advanced clinically licensed social workers resulted in further improvements in the quality of reviews. A survey conducted between February and July 2006 revealed that 99% of participants reported satisfaction with the quality of the reviews; however, only 20% of the total participants responded to the survey.

A successful administrative review requires the existence of a case plan as the central organizing document to facilitate a productive discussion of the goals and ways of accomplishment. Through concerted efforts at all levels of the Agency, including administrators, managers and social workers, production of case plans has increased tremendously.[82] The administrative review unit contributed to this effort by notifying social workers in advance of the reviews whether case plans were lacking. This approach moved CFSA from a position where reviews were canceled due to a lack of case plans, to a position where close to 100% of reviews included a case plan that was current and available prior to the review.

Completion of review summaries has also improved, as evidenced by the difference between 2003 and 2005 statistics. In 2003, there was a 60% completion rate for summaries. During the last quarter of 2005, the summary completion rate was approximately 95 percent.

Strengths

A new process developed in FY 2005 involved a move of eligible cases toward termination of parental rights, in accordance with the Adoption and Safe Families Act (ASFA). Representatives from other areas of the Agency, such as adoptions workers and Assistant Attorneys General (AAG) were required to attend administrative reviews where a goal change to adoption is being recommended. Expanding participation in the reviews has increased the numbers of children who become legally free for adoption.[83] It is noteworthy that a previous TPR backlog existed; through this process, the backlog was cleared.

CFSA attaches case plans to the Court reports and recounts the discussions and recommendations from administrative reviews in the Court reports. Stakeholders have commented that sharing information from administrative reviews with the Court is a process that could be strengthened.

As part of its function, the administrative review unit identifies and brings particular trends to the attention of management for special consideration. As indicated above, this approach has resulted in linking reviews to TPRs, resulting in a large number of children achieving permanency.

By employing this two tiered approach, CFSA remains in compliance with the mandates of the Adoptions Assistance and Child Welfare Act of 1980 (PL 96-272), the Adoptions and Safe Families Act, District of Columbia law and the Amended Implementation Plan.

[82] For more information about Written Case Plans, see Item #25.
[83] For more information about Termination of Parental Rights, see Item #28.

Challenges
An examination of the recommendations made for a non-representative sample of cases showed that adequate progress was not being made on administrative review recommendations. CFSA is working towards improving responses to recommendations by meeting with individual supervisory units and refining recommendations with clear timeframes. QIA is in the process of examining the effect of these activities.

CFSA as well as CFSR stakeholders observed that many stakeholders do not participate in Administrative Reviews. As previously noted, the Administrative Review team is undertaking a survey to find out why many stakeholders choose not to participate in the reviews.

Item 27: Permanency Hearings. *Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified Court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?*

Policy
In addition to the policies and practices of CFSA's administrative review process as set forth in Item 26, D.C. law requires that the Family Court of the Superior Court of the District of Columbia ("Family Court") hold initial permanency hearings for children in foster care within the Federal timeframe and that subsequent permanency/review hearings occur more frequently than the Federal standard.

D.C. Code Section 16-2323(a)(4) (Official Code 2001), a part of District of Columbia Law 13-136, passed in 2000 to implement the federal Adoption and Safe Families Act ("ASFA") of 1997 (P.L. 105-89), provides that the Family Court hold a permanency hearing "for every child within 12 months after the child's entry into foster care and at least every 6 months thereafter, for as long as the child remains in an out-of-home placement."

Since October 23, 2000, the Office of the Attorney General (OAG) has maintained a unit to represent CFSA with respect to abuse and neglect cases. Since April, 2002 that unit – which now includes approximately 40 Assistant Attorneys General and support staff – has been co-located with the Agency's social workers in the main building of CFSA. Assistant Attorneys General are assigned to the Family Court's ten judicial teams (each consisting of one judge and one magistrate judge) to handle the pre-trial and post-adjudication hearings of all children in foster care, as well as the children released home for protective supervision.

Practice
OAG tracks permanency of children once they are removed and Assistant Attorneys General coordinate with the Court and social workers to ensure that ASFA permanency hearing time-lines are met. OAG Section Chiefs and senior management regularly obtain and review individual Assistant Attorney Generals' case data to ensure compliance with ASFA time-lines. Section Chiefs draw up individual magistrate judge assignments and attorney schedules several months in advance (and whenever there is an attorney turn-over) to mesh with the Court's rotations of judges and to avoid gaps in representation detrimental to the high percentage of timely case reviews.

In addition, the senior level attorneys general for the Family Services Division regularly meets with Family Court judges and administrators to ensure timely appearances of Assistant Attorneys

General, to ensure expedited resolution of barriers to timely case reviews, to avoid unnecessary continuances, and to exchange training opportunities. The Deputy meets monthly with the Family Court Implementation Committee to review issues, including meeting ASFA time-tables, while Section Chiefs attend subcommittee meetings.

Performance

Timeliness of hearings has improved greatly since the formation of a separate Family Court Division of DC Superior Court (DCSC) in 2004. DCSC appointed ten magistrate judges to the bench to staff the Division and has geographically aligned the assignment of cases to judges to match the Agency's geographical alignment of case assignment to social workers. Since the inception of the Family Court, other procedures and technological changes have been put in place to further facilitate the hearing process. DCSC concurrently schedules all cases for mediation and trial or pre-trial dates, in an effort to reduce caseloads and clear the Court docket. Cases may also stipulate prior to mediation or beyond mediation up to the day of trial.

The collaborative work of the Family Court, CFSA, and the OAG attorneys since 2002[84] is also reflected in dramatically improved compliance with the judicial review timetables directed by the federal and District of Columbia ASFA and the Family Court Rules. OAG attorneys, other lawyers, CFSA workers and DCSC judges routinely participate in joint training on the Court process, decorum, and legal issues. This collaborative effort reaches to the highest level of the Family Court and CFSA. The Interim Director of CFSA and the Presiding Judge of Family Court also have monthly meetings to discuss and resolve issues and concerns.

Strengths

Recent technological enhancements have improved and streamlined the Court hearing process, though no measures are in place to track the level of improvement. The FACES.NET SACWIS is now interfaced with the DCSC information system, which gives CFSA staff the ability to electronically track hearing dates and outcomes. Other promising approaches are planned for the near future. The DCSC and CFSA have agreed to create a live interface which would enable the two entities to mutually share Court reports and Court orders electronically.

Item 28: Termination of Parental Rights. *Does the State provide a process for Termination of Parental Rights (TPR) proceeding in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?*

Policy

DC Code Section 16-2354 requires the Government to file a TPR when the respondent has been in care 15 out of the most recent 22 months and in Court-ordered custody under the responsibility of the District. Accordingly, the Office of the Attorney General (OAG) is charged with ensuring that TPRs are filed in cases that meet this qualification, notwithstanding if an adoptive placement has been identified. CFSA, in accordance with the Court Monitor's requirement/Amended Implementation Plan coordinates with the Child Protection Section IV of OAG to initiate/monitor recruitment efforts for all respondents who have a TPR filed in their case. CFSA and the Office of the Attorney General file for TPR for children within 45 days after the permanency goal becomes

[84] Council for Court Excellence, A Third Progress Report, District of Columbia Child Welfare System Reform, December 2006.

adoption. DC law also terminates parental rights through a show cause hearing in adoption proceedings.

Practice

In practice, CFSA conducts administrative reviews every six months for each child in care. Once a child is in care, an administrative review is scheduled for the child(ren) to assess, among other things, progress being made towards permanency. Child Protective Service Assistant Attorneys General (AAG) attend the 2nd and 3rd administrative reviews to have input on the recommendations for permanency and to determine if a TPR is appropriate (i.e., child has been in care 15 of 22 most recent months or goal is to be changed to adoption). By making it mandatory that AAGs attend the 2nd and 3rd administrative reviews, CFSA and OAG are better able to monitor the progress towards the permanency goal and to identify any barriers to achieving the goal in a timely manner.

In some cases, there are compelling reasons not to initiate a TPR. CFSA, OAG and the District of Columbia Superior Court collaboratively created the following list of reasons in which it is acceptable NOT to file a TPR: the goal of reunification is expected to occur legally within 12 months, the child is 14 and is opposed to adoption (DC law requires a child 14 or older to consent to their adoption), the child is placed in a residential or medical facility and has significant emotional or medical problems, and the goal is not adoption (i.e., the goal is guardianship, custody, reunification, APPLA). These exceptions are evaluated at an administrative review. If a compelling reason is applicable, the social worker shall include that information in their report to the Court. The Court is also aware of the list of compelling reasons and often on its own initiative, determines that one of the compelling reasons is applicable to one of their cases.

The TPR process has a significant impact on the Court and state agencies (OAG and CFSA). Oversight of CFSA's policies, practices and procedures by the Court monitor (and plaintiffs in the *LaShawn* case) has resulted in more timely prosecution of TPR motions by OAG. As a result, many more hearings are added to the Courts' docket because once the TPR is filed, the judges have to schedule hearings related to the TPR. Often times, the filing of the TPR results in more efforts by the parents to identify prospective relative caretakers. Other times, the filing of the TPR seems to put more pressure on the Agency, by way of the judge, to locate/identify prospective adoptive placements which are not always in abundance. Key collaborators in this process have been the Office of the Attorney General, CFSA, the District of Columbia Superior Court/Family Court and the Center for the Study of Social Policy.

Performance

Major improvements have been made since the previous statewide assessment. In 2004, OAG and CFSA identified a backlog of approximately 448 cases which warranted a TPR. By convening TPR staffing administrative reviews on all those cases, CFSA and OAG were able to determine that 230 cases had compelling reasons to support not filing a TPR. A special unit in the OAG's office, Child Protective Services IV, filed 193 TPR motions between January and June 2005, 171 of which were cases from the backlog.

Further, FY06 statistics reflect that children are increasingly more likely to be adopted within 24 months of entering out-of-home care. As the cohort data demonstrates, of the children entering care in FY 2001, only 5% exited to adoption within 24 months as compared to 14% in FY 2006.[85]

[85] For more information about Timeliness of Adoption, see Item #9.

Regarding the data elements included in *Permanency Composite 2: Timeliness of Adoptions*, of children in care 17 months or longer at the beginning of FY 2005, 20.5% were adopted by the end of the fiscal year (exceeding the national median of 20.2%) and 7.3% of those children who were not already legally free for adoption became so within 6 months (falling under the national median of 8.8%). Both measures showed improvement since 2004. There are numerous items that affect CFSA's performance regarding these measures. First, CFSA has a number of children/youth who have been in care for more than 22 months ("legacy cases") but whose cases are not appropriate for TPR. Second, there are a large number of older youth in the foster care population who do not have a goal of adoption or who do not wish to be adopted.

Strengths
One area of improvement, as noted, is in clearing a backlog of TPR cases. Additionally, OAG has created a separate section within the Child Protection Section, to handle all TPRs. Within that section, a supervisor and staff of 4 line AAGs handle aspects of TPR cases – from filing the TPR motion to the trial. This has provided a more efficient monitoring system, thus improving the agencies (CFSA and OAG) compliance with ASFA timelines for permanency and for removing barriers to achieving permanence.

Challenges
One of the primary barriers or challenges to achieving permanency through TPRs is the reluctance by many judges to terminate parental rights without an identified adoptive home. This has caused the prosecution of some TPRs to be delayed because the Court does not want to make legal "orphans".

Item 29: Notice of Hearings and Reviews to Caregivers. *Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?*

Policy
The District of Columbia Superior Court Rule 10(c) mandates that the current foster parent, pre-adoptive parent, legal guardian or kinship caregiver of a child or youth in foster care and their attorneys shall be provided notice of, and an opportunity to be heard in, neglect or termination proceedings. This mandate is codified in D.C. Code § 16-2304.

Practice
Although the responsibility of notification falls to the Court, CFSA has provided notice to foster, pre-adoptive, and kinship caregivers of hearings and reviews since March 2004. The Office of Planning, Policy and Program Support non-emergency (OPPPS) has assumed responsibility for mailing the notices.

Through an interface system with the DC Superior Court, hearing dates are captured in FACES. A list of cases with upcoming hearings is printed weekly and letters are sent to the caregiver associated with each case to ensure that caregiver rights regarding notice of hearings and reviews are protected. Each letter includes the name of the child or youth, and the type, date, and time of hearing scheduled. In addition, the letters encourage recipients to direct questions and confirm information with the social worker or that worker's supervisor. The names and phone numbers of both individuals are included in the letter. In rare instances, letters are returned to OPPPS as

undeliverable. In that situation, the OPPPS point of contact immediately notifies the Office of the Deputy Director for Program Operations, or the Agency's liaison to the private agencies, to ensure that the addresses are corrected.

To further ensure that caregivers properly receive notification, an additional letter from the CFSA Deputy Director for Program Operations accompanies each notification letter. This second letter provides further instruction to the resource parent to contact the DC Superior Court Clerk one day prior to the Court hearing for information on room assignment, cancellations, or rescheduling. This added information encourages timeliness and accountability for attendance among the caregivers. In addition, the Deputy Director instructs recipients of the letter to contact her office directly if notice of a hearing or review is not timely received, thereby ensuring the accountability of the Agency to mail notices out as promised.

Although foster, pre-adoptive and relative caregivers are not necessarily parties to the case, DC law states that upon request, they can become a party at any time. Within one year of placement of a child in the home, the request to become a party to the case may or may not be granted. It is at the judge's discretion as to whether granting party status is in the best interest of the child. Under DC law, a request for party status made after the child has been in a placement for one year or more shall be granted. Judges encourage foster parents to attend and participate in Court hearing because of their first hand knowledge of the child(ren). Such participation is also in compliance with both federal and DC ASFA, which mandate that foster parents have the "notice and opportunity to be heard."

As indicated, the Agency is not responsible for notifying parties, including birth parents, of hearings and reviews related to any case. It is the position of CFSA, however, that the Agency can most efficiently mail notification of hearings and reviews to foster, pre-adoptive and kinship caregivers, given the likelihood that the Agency will maintain the most recent address and mailing information in the process of mailing caregiver payments.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. *Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?*

Policy

In February 2006, CFSA launched its new Practice Model, which articulates the values by which CFSA expects its staff and contracted providers to abide while delivering services to children and families. Performance standards are delineated through the Amended Implementation Plan.

Since the last Statewide Assessment in 2001, CFSA has implemented numerous initiatives and programs to ensure the quality of services provided to children and families. CFSA has a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system annually reviews a sufficient number of cases to assess best practice compliance with the provisions of the Modified Final Order, to identify systemic issues, and to produce results that allow for the identification of specific skills and/or additional training necessary for workers and supervisors to serve with optimum ability. CFSA is updating its QA plan in Spring 2007.

Practice

In January 2006, CFSA established the Office of Organizational Development and Practice Improvement (ODPI) to push the planning and development of practice innovations and to centralize quality improvement functions in one office. Both the Quality Improvement Administration (QIA) and the Office of Training Services (OTS) fall under the jurisdiction of ODPI. ODPI is also spearheading the institutionalization of CFSA's Practice Model. ODPI strategies for improving practice and ensuring continuous quality improvement throughout CFSA include training, qualitative case reviews, monthly scorecards, data review and outcome monitoring, and program analysis and practice support. ODPI additionally uses these strategies to measure CFSA's progress in meeting performance standards and the goals identified in the Practice Model. Moreover, CFSA is currently working on a performance-based contracting initiative to improve the practice of contracted provider agencies.

A quality assurance unit within QIA conducts special reviews or studies, as requested or approved by senior management. In addition, this unit is responsible for completing an annual quality assurance report documenting all the quality assurance efforts within the Agency.

Since 2003, CFSA has fully implemented semi-annual Quality Service Reviews (QSRs) to examine differences in the quality of care for specific cases and to provide feedback on the system as a whole. QSRs also look at outcomes for individual children and families while identifying system strengths and areas in need of improvement. Since March 2005, CFSA has conducted four rounds of the QSR, reviewing approximately 15 – 40 cases during each round. Teams of two reviewers have each conducted interviews involving (collectively) almost 300 parents, children and teens, social workers, supervisors, attorneys, teachers, therapists and other service providers in each round. While the QSRs have proven to be an effective tool for understanding what is and is not working, CFSA still needs to develop a more robust, comprehensive and inclusive process for implementing the recommendations that have resulted from these processes.

Finally, CFSA has the internal capacity to affect practice improvements and enhance the quality of services through the creation of a dedicated team of training specialists. The Office of Training Services (OTS) has incorporated into its curricula the values identified in the Practice Model. These standards are shared with new staff through pre-service training, as well as reinforced with current staff through in-service training. OTS also provides training for seasoned foster parents. In 2005, 95.8% of new CFSA social workers and 15.1% of private agency workers completed 80 hours of pre-service training. As of December 31, 2006, 92.7% of new CFSA social workers and 38.2% of private agency workers completed 80 hours of pre-service training. In 2005, 26.3% of CFSA and private agency workers completed 40 hours of in-service training. As of December 31, 2006 this percentage was 20.7%.

Performance
In March 2006, CFSA began publishing on the internet monthly scorecards to measure both CFSA and provider agencies' performance improvement on key benchmarks as identified in the Implementation Plan and subsequent Amended Implementation Plan, including social worker visits with children in foster care and timely completion of case plans for children. CFSA supervisors and managers are held accountable for progress in meeting the benchmarks and must identify challenges, as well as strategies for overcoming any barriers. CFSA works with its contracted provider agencies to identify strategies to improve their progress as well

Promising Practices
Beginning no later than June 2007, CFSA will utilize monthly QSRs to evaluate efforts to meet the goals, values and standards identified in the Practice Model.

Item 31: Quality Assurance System. *Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?*

Policy
CFSA has had a quality assurance system in operation since the previous Statewide Assessment in 2001. The Modified Final Order (MFO) and the Amended Implementation Plan (AIP) require CFSA to develop and implement a comprehensive quality assurance system to assess the quality of services provided by CFSA and its contracted agencies. According to the AIP, the Quality Assurance system shall have sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must also annually review a sufficient number of cases to assess best practice compliance with the provisions of the MFO, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.

Practice
This system includes a permanent structure that integrates information from many sources (FACES, analysis of administrative review data, child fatality review information, qualitative reviews, and special reviews and studies). Most quality assurance activities are led by the Quality Improvement Administration (QIA) within the Office of Organizational Development and Practice Improvement (ODPI). Some activities, however, fall under the Office of Planning, Policy and Program Support

(OPPPS). QA activities include semi-annual administrative reviews for each child in foster care, child fatality reviews, semi-annual quality service reviews (QSRs), a bi-annual *Needs Assessment*, and other special studies as requested by senior management. In combination, these activities inform CFSA about the quality of services provided to children and families. The QIA produces a report twice per year that summarizes the Agency's QA activities.

As required by the MFO, administrative reviews are conducted every 180 days on foster care cases managed by CFSA and private agencies. Reviews must include participation of the social worker, birth parent, child (if age appropriate), attorneys, foster parents, and other stakeholders. This is a more stringent requirement than the federal mandate requiring either an administrative review or a Court hearing every 180 days.[86]

CFSA also has a quality assurance system in place with regard to fatality reviews. CFSA reviews fatalities of District children ages 0-21 who had any contact with the Agency within four calendar years preceding the fatality. An annual Child Fatality Review Report is produced using statistical analyses to identify trends in child fatalities and recommend practice improvements based on CFSA internal fatality reviews. This report is a vehicle for assisting CFSA in improving case practice, correcting deficiencies, strengthening child protective performance, and identifying system factors that require citywide attention. (For a full discussion of the child fatality review process, see Item 4.)

Since 2003, CFSA has used the Quality Service Review (QSR) process to review child and family status and to gauge system performance for targeted populations (e.g., teens in foster care) or programs of interest (e.g., services to in-home families).[87] The QSRs are conducted semi-annually and staffed by a dedicated unit in partnership with other CFSA staff and outside reviewers identified by the Court Monitor. A comprehensive report on QSR results, findings and recommendations is shared with CFSA senior staff, program managers, and social workers, as well as external stakeholders. Action planning strategies for improving case practice are then created by senior management and staff.

The Quality Assurance unit within QIA conducts special reviews or studies, as requested or approved by senior management. In addition, this unit is responsible for completing twice yearly quality assurance reports documenting all the quality assurance efforts within the Agency. The Court Monitor also partners with the Quality Assurance unit to conduct additional studies on the quality of services within CFSA, most recently including an examination of child protective services and cases of children with multiple placements.

Finally, OPPPS conducts a bi-annual *Needs Assessment*, as initially required by the LaShawn Implementation Plan and reinforced by the 2007 AIP, identifying resource needs and gaps in services and supports. Families and children involved with CFSA participate through focus groups and other external stakeholders are interviewed to complete this process. The findings of the needs assessment are used to inform the CFSA Resource Development Plan - one tool by which CFSA identifies how to improve services and how to improve families' access to and receipt of services.

[86] For more information on Administrative Reviews, please see Item 26.
[87] For more information regarding the Quality Service Review, please see Item 30.

D. Staff and Provider Training

Item 32: Initial Staff Training. *Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?*

Policy
CFSA currently operates a staff development and training program that spans four months. The training includes 196 hours of classroom training and the remaining time is spent through on-the-job training with specialized Training Supervisors. Initial training is provided both for new CFSA workers and for new private agency workers. Provider agencies receive three and one-half consecutive weeks of initial training as they do not follow the training supervisor model. New supervisors receive child welfare related leadership/management training that encompasses five modules over a five-month period (one module per month) CFSA now incorporates action planning and coaching in between each module. The training is comprised of theoretical, skill-building and practical on-the-job training (OJT) experiences that support the CFSA's mission, outcomes, and the newly established 2006 Practice Model. Upon completing the training program, new social workers graduate to an on-going unit, having gradually received twelve active child welfare cases.

Practice
Prior to 2003 and during the last statewide assessment, CFSA's training program was contracted out to a private organization. Since the initial Implementation Plan, however, CFSA's training program has become an in-house model administered by the Office of Training Services (OTS). Data indicates that this shift to in-house training has improved quality and staff participation.

In addition to integrating on-the-job training with classroom training, the OTS competency-based curriculum introduces skill-based classes that support best practice benchmarks and collaborates with outside agencies (such as the DMH and the D.C. Center for Workforce Development) and other experts (such as the nationally recognized "Zero to Three Organization") to deliver specialized training.

The classroom training addresses, but is not limited to, training about Title IV-E and IV-B topic areas that are unique to the District of Columbia and its legal system through a series of modules, such as: Legal Processes in Child Welfare, Engaging Families in the Process of Change, Family Team Meetings, Writing Effective Court Reports, Assessment and Permanency Planning and Casework Documentation. To further address legal preparation and etiquette, Court room presentation instruction is newly included in pre-service training.

CFSA's recent successful passing of the Title IV-E secondary review is a testament to the success of these modules and reflects their positive impact on job performance. With much-needed additional space for training, CFSA will build on this success in 2007.

Performance
In 2005, CFSA had a 96% attendance rate for Pre-Service training. In contrast, private agency social workers were at 15%. OTS revised the training curriculum into three weeks for private-agency social workers. As of December 2006, private agency social worker participation in pre-service had already climbed to 38%.

The Agency employs the FACES.NET SACWIS system to track attendance, to identify staff in need of training, and to ensure compliance with federal and local mandates with regard to new hire and ongoing staff training and development. The system produces periodic management reports to identify trainees who have not met the training program's participation requirements, and to make sure that training participants complete the program. In addition, the OTS program manager facilitates semi-monthly peer case reviews for all OJT participants.

OTS conducts evaluations and facilitated feedback sessions that assess a training participant's comprehension of subject matter before and after the program. The evaluations have provided valuable information about the effectiveness of particular facets/ modules of the training program.

Strengths

CFSA's most promising approach in this area of initial training is the dedicated effort to open training techniques up to innovative and energizing styles that capture the workers' attention, increase participation based on enthusiasm, and uphold the standards of the CFSA Practice Model. The Agency is currently exploring two new training curricula and will help design techniques along these lines while addressing chronic issues specific to CFSA's population, such as abscondence prevention, HIV/AIDS, and sexual abuse victimization among other training initiatives.

CFSA provides specialized training in substance abuse and mental health beyond the standard core competencies for social workers. Until recently many schools of social work did not provide advanced education on the chemical, activity and addictions spectrums. CFSA is also routinely including representatives from the APRA in social worker training. Finally, other stakeholders such as representatives from the Foster and Adoptive Parent Advocacy Center and foster parents have been included in social worker trainings. CFSA is now also invited to participate in ongoing trainings at the Court and the Department of Mental Health.

Challenges

Stakeholders mentioned that the delivery system for initial training is not effective for contracted, private agency workers. CFSA will explore this issue further to assess how the Agency can better outreach to private agency workers.

Item 33: Ongoing Staff Training. *Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?*

Policy

CFSA mandates that previously hired workers annually receive a minimum of five full training days of structured in-service training geared toward professional development and specific competencies. Previously hired supervisors and administrators must receive annually a minimum of 24 hours of structured in-service training annually. Additionally, each year there are a number of trainings for supervisory (and higher) level staff that focus on leadership and management. CFSA also conducts periodic training on the FACES.NET management information system for all staff persons who interact in any manner with the SACWIS.

Practice

At the time of the last Statewide Assessment, CFSA contracted its training program to an outside vendor. Since 2003, however, the training program has become an in-house competency-based

curriculum model administered by CFSA's Office of Training Services (OTS). The model includes (but is not limited to) ongoing encouragement of staff input and feedback during development of new curricula; joint training of CFSA internal trainers with program operations staff and supervisors; introduction of skill-based curricula that specifically supports the 2006 CFSA Practice Model; and a focus on partnerships with other District and community-based agencies, as well as non-profits, to deliver specialized training. Partnerships with DMH, the Foster and Adoptive Parents Advocacy Center, the Center for Workforce Development, and the Office of Attorney General have also dramatically increased the range and quality of ongoing training available since the last assessment.

CFSA provides slots for private agency staff to attend all mandatory training and invites their staff to attend other useful, elective classes. CFSA requires, however, that private agencies with case management responsibilities determine their own training system in compliance with the Amended Implementation Plan (AIP) (with the exception of pre-service training, which is uniform for all child welfare case managers in the District).

Performance

The Agency employs a number of tools to track participation in mandated training. The most common and effective tool is the FACES system which produces periodic management reports to identify staff in need of training, and which ensures compliance with federal and local mandates with regard to new hire and ongoing staff training and development. The system also tracks attendance and participant completion of training programs.

Effectiveness of the OTS training curricula is first and foremost measured through training evaluations following each session. CFSA also conducts training needs surveys and receives recommendations from Quality Service Reviews and Child Fatality Reviews. Specialized training is assessed per administration. The Agency is consistent in its commitment to improve and/or fine-tune these effectiveness measures to provide for all emerging training needs and to incorporate schedules that will encourage full compliance of all mandated ongoing training requirements. A quarterly calendar is distributed with elective and mandatory training classes, most of which are approved for Continuing Education.

Strengths

The proactive, yet responsive, nature of the program is one of its principal strengths. Staff is more readily engaged for participation in ongoing training when their input is respected. Training is readily utilized to develop and implement practice improvements. CFSA's collaboration with outside entities is another principal strength that engages training participation by offering exposure to external positions and concepts. Finally, ninety-five percent (95%) of all ongoing training is approved for the social work licensure renewal.

Challenges

Full compliance with the District's ongoing training requirements seems particularly arduous for CFSA social workers. Many CFSA classroom-based trainings are six hours in duration which often conflicts with balancing hours to fulfill best practice and workload obligations. To make full compliance practical, CFSA is now offering three-hour training sessions, weekend trainings, and "unit-based training" where social workers can receive required training in small groups led by supervisors and program managers. In addition, the training hour requirement for social workers is now 30 hours per year.

Promising Practices
Promising additions to CFSA's current training practice include a robust computer-based training, as well as offerings for refresher and booster classes that focus on specialized areas of practice, such as abscondence prevention and reunification for sexual abuse victims. CFSA is also partnering with FAPAC to provide cross-trainings for foster parents and social workers. These training experiences have the additional goal of improving team work and partnership among social workers and foster parents while continuing to provide opportunities to be trained in a consistent fashion. CFSA views training as a continuum where in order to achieve practice change, training must be reinforced and supported through preparing social workers for training and reinforcement activities after the classroom training. This approach is being used for the first phase of the Permanency Redesign quite successfully.

Item 34: Foster and Adoptive Parent Training. *Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoptive assistance under title IV-E? Does the training address the skills and knowledge base they need to carry their duties with regard to foster and adoptive children?*

Policy
CFSA requires that training opportunities are available for interested families to begin training within 30 days of inquiry, that CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training, and that CFSA and contract agency foster parents shall receive annually a minimum of 15 hours of in-service training. Foster and adoptive pre-service training is conducted by the Office of Licensing and Monitoring and private agencies. Foster and adoptive parent in-service training is administered at CFSA by the Office of Training Services (OTS).

Practice
As part of the foster home licensing process, prospective foster and adoptive parents attend 30 hours of training on the Model Approach to Partnership and Parenting (MAPP). Selected for its best practice designation in multiple jurisdictions, MAPP assists prospective foster and adoptive parents in discerning whether fostering is the right choice for them. It employs a variety of skill building activities, provides tools for working with foster children and their families, furnishes information about various laws/regulations/rules and requirements, and identifies resources to assist them in providing foster services. Prospective foster and adoptive parents do not receive licenses until they complete all pre-service training requirements.

Foster parents who are already licensed must attend 15 hours of in-service training annually. The curriculum and annual calendar for in-service trainings is set according to the input of the Training Recommendations Committee (TRC), which meets periodically to discuss current issues and challenges facing foster and adoptive parents. The committee is comprised of Agency staff (from various administrations within the Agency), and foster parents. Committee members discuss and collaboratively determine training needs based on their own experiences, setting training agendas and curriculum accordingly. In this manner, CFSA is moving to a more systematic approach in determining ongoing training needs and to ensure that training topics remain current and relevant.

CFSA's contracted Congregate Care Providers (child care facilities) are responsible for training their staff according to the requirements defined in Chapter 62 of Title 29 District of Columbia

Municipal Regulations (DCMR). These regulations require the facilities to maintain training records and documents that indicate the type of training delivered, the number of hours of training provided, and staff attendance. At CFSA's periodic monitoring visits, the Agency monitor discusses ongoing training issues and needs of the provider.

Performance

Since June 2006, CFSA has demonstrated 100% compliance with the pre-service foster and adoptive parent training. This is also true of CFSA's contracted child placing agencies, although they conduct foster parent training independently of CFSA. The Agency provides this data each month to its Court monitor, the Center for the Study of Social Policy (CSSP).

CFSA recently began to track foster parent attendance at in-service trainings in the FACES system, and produces monthly progress reports on attendance for both contracted foster family homes (through child placing agencies) and non-contracted foster parents (who are licensed and monitored by CFSA directly).

The primary measure of quality for both pre-service and in-service foster parent training is participant evaluation. Following each class, participants fill out anonymous survey forms that address the effectiveness of the trainer and the meaningfulness/relevance of the material. The Office of Training Services (OTS) Administrator compiles responses, identifies issues/areas of concern, and makes appropriate adjustments to the trainings based on participant feedback. OTS is planning to incorporate a more robust process in 2007 to measure training effectiveness and identify training needs for foster parent training.

Strengths

CFSA has a number of key collaborative partners involved with the foster and adoptive parent training process. Those partners include the TRC, as well as CSSP. In addition, information from the bi-annual CFSA district-wide Needs Assessment gives information to OTS on areas of training that need to be bolstered. The CFSA Resource Development Plan also ensures that areas identified in the *Needs Assessment* are addressed.

A skill-based approach is another strength of the foster and adoptive parent training program. The program is responsive to participant feedback and training needs. CFSA also offers 12 cross training opportunities where birth parents, foster parents, and social workers attend to build their relationship through training topic areas.

Challenges

One of the ongoing challenges to CFSA is ensuring that the training schedule is flexible enough to accommodate the varied schedules of prospective and existing foster families. Employment commitments and a lack of dependable child care make consistent attendance at mandatory pre-service and in-service trainings difficult for some foster and adoptive parents. CFSA has made trainings available at various times during the day and week, and on weekends in order to accommodate the scheduling needs of foster and adoptive parents. CFSA added an additional 6 sessions of Saturday training to its already established schedule to accommodate this need.

Further, as the Agency experiences an increasing number of children who are entering into care at an older age and children who have therapeutic issues, there is a need for the development of specialized foster parent training to teach parents specific therapeutic skills, in addition to general

skills to assist them in parenting older children. In addition, kin are at times reluctant to attend training to care for their own relatives. Stakeholder feedback has also indicated that training currently focuses heavily on the decision to foster or adopt and could be strengthened by incorporating ongoing skills-based training.

E. Service Array and Resource Development

Item 35: Array of Services. *Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

The District of Columbia does have an extensive array of services for children and families. Programs represent the continuum of supports to prevent entrance into the child welfare system and to facilitate exiting the system and achieving permanency, including: prevention, child protective services, time-limited reunification services, family preservation and family support, adoption promotion and supportive services, and independent living services. These services are administered by government and public agencies, as well as community-based and private organizations.

Policy
CFSA's policies provide direction to workers around determining and addressing service needs, creating a safe home environment, and helping children in foster and adoptive placements achieve permanency. These policies address Family Stabilization and In-Home Services, Family Team Meetings, Foster Care Case Management and Adoption Post-placement Services.

Program monitors and social workers, monitor services provided by contracted agencies. The Agency has also implemented a number of steps to ensure greater private agency accountability around the delivery of services. For example, the Office of Organizational Development and Practice Improvement (ODPI) publishes monthly best practice performance scorecards to illustrate the performance of both CFSA and its private agency partners in best practice outcomes and benchmarks.

Practice
CFSA is involved in a number of efforts to assess and monitor overall service needs for children and families involved with the child welfare system, including:

- Family Team Meetings (FTMs) – FTMs engage families early and comprehensively assess family strengths and service needs.[88]
- Mediation - Within 30 days of an initial removal, pursuant to Administrative Order, the Family Court's Multi-Door Dispute Resolution Division will conduct a mediation session. The Court's professionally trained mediators assist the parties including the family and CFSA in negotiating service provision and the family and child case plans.
- Structured Decision Making (SDM) - SDM tools assess the needs and risk levels of children and families. For workers performing CPS investigations, or serving both in-home and foster care children and families, the tools focus the information gathering and assessment process.[89]

As part of the Agency's case practice level Quality Assurance (QA) Plan, the Quality Service Review (QSR) system assesses the quality of services and identifies areas of practice needing

[88] For more information regarding Family Team Meetings, please see Item 3.
[89] For more information regarding Structured Decision Making, please see the Introduction.

improvement. These Reviews, conducted twice a year, take an in-depth qualitative look at discreet direct service practice.[90] The Administrative Review process also monitors and assesses the service needs of individual children/youth and families. During the Administrative Review, the reviewers assess whether clients are receiving appropriate services and make recommendations for services.[91]

District law requires that child abuse and neglect cases filed with the Family Court undergo a judicial review at least every six months as required by law. At permanency and other post-disposition hearings, the Family Court may order services, determine whether ordered services are being provided, and will establish an appropriate permanency goal and a date for its achievement.[92]

Performance

CFSA conducts a bi-annual *Needs Assessment* that includes an assessment of placement support services. Findings from the *Needs Assessment* inform the development of the Resource Development Plan. Since returning to District authority as an independent cabinet-level Agency in 2001, CFSA has completed two *Needs Assessments* (2003 and 2005). The reports evaluate the entire child welfare system from multiple perspectives, incorporating the experiences of children, families, providers, social workers and stakeholders. The Resource Development Plan translates the broad findings of the Needs Assessment into key recommendations and specific action steps to develop the necessary services and resources that will meet the identified needs of the children and families involved in the District's child welfare system.

The *2003 Needs Assessment* concentrated on systemic issues and highlighted the need to develop services and resources outside of CFSA. The 2004 RDP identified specific services and resources throughout the community to better serve CFSA's families. It also detailed specific action steps needed to develop such services when they did not already exist, and it designated timeframes for the completion of those action steps. The 2005 RDP reported on progress with respect to the 2004 RDP, and also continued implementation of action steps to address the critical areas identified in the Needs Assessment: housing, mental health services and substance abuse services.

The 2006 Resource Development Plan continued implementation of action steps to address the critical areas identified in both the *2003* and *2005 Needs Assessments* - - housing, mental health services and substance abuse services. It also addressed the major target areas that were examined in the *2005 Needs Assessment*:

- Service needs of children and birth families in general, with special focus on maternal depression and reunification
- Placement supports
- Domestic violence
- Trauma and the impact of violence
- HIV/AIDS

In 2006 CFSA completed an *Assessment of Child Abuse and Neglect Prevention Programs* in the District. The National Child Welfare Resource Center for Organizational Improvement (NRCOI) has developed a list of services to address the continuum of supports needed both to prevent

[90] For more information regarding Quality Service Reviews, please see Item 30.
[91] For more information regarding Administrative Reviews, please see Item 26.
[92] For more information regarding Permanency Hearings, please see Item 27.

entrance into the child welfare system and to facilitate exiting the system. Community members, service providers, and agency directors and managers engaged in a series of group meetings, individual interviews, and focus groups. During the development of the Assessment, stakeholders were asked to determine the availability, quality, accessibility, and importance of 27 prevention and early intervention services. Through the Service Array Process, stakeholders identified the strengths, weaknesses, and needed services in the District's prevention/early intervention array.

For a complete listing of all CFSA-sponsored/delivered services for FY 2006, please consult Appendix F. Note that there are many services sponsored and funded by other entities in the District.

Strengths

The District's efforts to expand family preservation and reunification services to children and families have been significant. Notably, CFSA has developed a continuum of services supported by numerous inter-agency partnerships to address critical needs such as mental health, substance abuse and housing.

CFSA partnered with the D.C. Department of Mental Health (DMH) to streamline intervention and therapeutic services to children involved with both agencies. Evidenced-based practices that the Agency has implemented in partnership with DMH include Multisystemic Therapy (MST) and Intensive Home- and Community-Based Services (IHCBS).[93]

CFSA, the Addiction Prevention and Recovery Adminstration (APRA), and the Family Court collaborated to develop a strategic plan for improving substance abuse treatment services to children and families. Representatives from each organization formed the *Family Recovery and Accountability Team (FRAT)* to formalize this multi-system planning effort. To bridge identified service gaps, the FRAT is implementing its FY 2005 Strategic Plan. In FY06, CFSA dedicated Intake Substance Abuse Specialists (ISAS) to its Child Protective Services administration to streamline the process of intake, referral, and delivery of substance abuse treatment to CFSA clients.

Supportive services for birth and foster parents are available to promote placement stability for children. These include mental health support services that allow parents, foster and adoptive parents, kinship caregivers, and group care providers to access emergency assistance from qualified professionals for children and youth displaying extreme behavior but not requiring hospitalization (see Item #8). Other supportive services include foster parent units that assist District-based parents. Foster parents are eligible for membership in the independent Foster and Adoptive Parent Advocacy Center (FAPAC). This group meets regularly to discuss foster/adoptive parent issues and to provide support.

The Rapid Housing Program has been a valuable addition to the existing array of housing-related services in the District. This program is a partnership with CFSA, the Community Partnership for the Prevention of Homelessness (TCP), and the HFTC Collaboratives. It provides short-term assistance to families in need of housing for preservation or reunification. The program also assists youth aging out of foster care with time-limited assistance to facilitate their transition out of foster

[93] For more information about Multisystemic Therapy and Intensive Home- and Community-Based Services, please see Item 8.

care and into adulthood and independence. CFSA provides funding for housing resources, TCP administers the funding, and the HTFC Collaboratives provide case management and support services. In FY 2006, the program served 51 families and 155 children, as well as 85 transitioning youth (24 of these were teen parents with a total of 31 children).

The Collaboratives also offer an array of services for abuse/neglect prevention, family and foster care support, and aftercare services. These services include case management, visitation, housing assistance, parent/caregiver support, foster parent support, and information and referral. Additionally, children placed in the District or Maryland who are aging out of care are provided aftercare services by the Collaboratives. In April 2006, CFSA implemented protocols for the referral of low to moderate risk families to the HFTC Collaboratives. Cases where there is a completed investigation, no Court involvement, no child removal, an assessment of low to medium risk, and the family has agreed to services are eligible for referral, pending approval of the referral by a gatekeeping committee. CFSA has begun tracking referrals of eligible cases to the HFTC Collaboratives and will be closely monitoring the outcomes of these cases.

In January 2006, CFSA established a post-permanency unit of two social workers. They serve as an integral link for children and families with the Adoption Resource Center and newly purchased supports and resources designed to promote family well-being. In collaboration with DMH, CFSA has ensured that intensive community-based mental health services are open to post-permanency families in the District, not just to in-home and out-of-home care cases.

The Adoption Resource Center continues to serve District families at all stages of the adoption process. The Center offers support groups, training, information about and referral to community services, a resource library, and a 24 hour Crisis Helpline. The Center also provides short-term counseling and referrals for on-going clinical services as necessary. CFSA has entered into a contract with Adoptions Together, Inc. to provide specialized clinical adoption training to private mental health providers who accept Medicaid. The goal is to increase the capacity of mental health providers who provide therapeutic services to children and families. CFSA also has entered into a contract with Center for Adoption, Support and Education, Inc. (C.A.S.E.) to provide clinical services for children and families who are going through the adoption process.

CFSA provides services to teens in foster care in a number of program areas based upon the permanency goal for the teen. To ensure continued emphasis on permanence, CFSA has employed many mechanisms to plan for children for whom reunification is no longer viable. CFSA believes that independent living must be in the child's best interests, and it should be the last option after reasonable efforts to reunify; to place the child with kin for adoption or permanent guardianship; and to pursue a non-kin adoption regardless of the age or special needs of the child. To better serve this population, the Youth Connections program for youth ages 14-21 has been implemented. Youth Connections helps youth form strong family connections in preparation for adult living through conferences designed to identify family resources, develop nurturing bonds and relationships, and to expose youth to life skills training to prepare them for adulthood. Since 2003, the Family Court has conducted a Benchmark Permanency Hearing Program. At these informal Benchmark Hearings, the youth, guardian ad litem, social worker, and anyone else the youth chooses to invite, work to coordinate services that are vital to a successful transition to independence.

CFSA continues to focus on its growing youth population and published a White Paper on Youth Development: "Revamping Youth Services: Preparing Young People in Foster Care for Independence" (2005). Recognizing the demographic shift toward an older foster care population in FY05, under the leadership of a team of outside experts who served as an advisory board, CFSA conducted numerous focus groups and explored national models for addressing needs of youth. Through this effort, CFSA identified service needs and gaps for older teens and developed strategies to fill those gaps. The White Paper is a roadmap for a system re-design begun in FY06 that better equips CFSA for preparing youth for adulthood and independent living.

The Health and Behavioral Health Services Administrations under CFSA's Office of Clinical Practice are responsible for ensuring that the health and behavioral health needs of CFSA's clients are appropriately met. A cadre of nurses, behavioral health specialists, a pediatrician and a psychologist are available to consult with social workers on individual cases where health or behavioral health issues are a concern. Health Services staff monitors overall health provision to ensure that the ongoing health needs of children/youth in care are appropriately met. Using management reports from FACES, health services staff monitor to ensure that children/youth entering care receive complete physical exams per the EPSDT protocol, the families of substance affected infants are referred to services through Healthy Families/Healthy Start and that all children ages 0 to 3 are referred Early Interventions Services for assessment of individual service needs. Other services available include tutoring, mentoring, day care, respite care and monitoring the placements and services provided to children/youth in residential placements.

Challenges

As noted throughout this document, a major barrier to safety, permanency and well-being for children/youth at home, with relatives or post-adoption or guardianship finalization is the lack of a continuum of mental health services for children/youth in the District of Columbia. A gap remains in the availability of providers who are skilled in working with child mental health issues and supporting their families in dealing with the issues associated with child abuse and neglect, e.g., trauma, sexual abuse, etc. The lack of supports in the community to assist these families makes it difficult to achieve real permanency for children/youth. CFSA has recently completed an assessment of mental health needs in conjunction with the Department of Mental Health (DMH). As part of the assessment, CFSA reviewed the mental health needs of its service population to identify gaps in service affecting clients served by the child welfare system.

CFSA's 2006 Assessment of Child Abuse and Neglect Prevention Programs revealed that despite an extensive array of services, there are several gaps in the District's continuum of prevention services. These gaps relate not only to evidence-based approaches to CAN prevention, but to the basic necessities that support family life. This report strongly supports the research that states without access to job training, employment, and safe, affordable housing, families cannot meet their mandate to raise physically and emotionally healthy children who become productive, contributing citizens. The Assessment Report was submitted to the Mayor and the Council. It is anticipated that the information in the Report will assist officials in developing a child abuse and neglect prevention plan for the city.

Promising Practices

In November 2006, the Collaborative Council was awarded a $317,000 grant through the D.C. System of Care Project to develop a cadre of family support workers to work with families and provide case management/peer supports for families with children/youth with complex emotional

and behavioral needs. The funding was made in early February 2007. This grant is an important step forward in bringing family supports for children with intensive needs to the community level. As well, the Collaborative Council will oversee a fund of $150,000 to support provision of nontraditional supports and services that are identified by the family/youth in the context of a Family Team Meeting, thus supporting in a tangible way a family-centered action plan intended to maintain the youth in the home and community.

In 2007, CFSA will fund expansion of the Healthy Start Healthy Families initiative. This evidence-based home visitation program has been shown effective in reducing infant mortality and improving well-being outcomes for children. In addition, this type of program has been shown to positively impact clients who were screened for maternal depression at the onset of services. CFSA has drafted an MOU detailing the terms of a partnership with the Department of Health's Maternal and Primary Care Administration to expand the initiative in Wards 5, 6, 7 and 8. Utilizing local funds to support prevention programs, this resource will serve families at risk of becoming involved with CFSA. Pending inter-agency approval, services are expected to begin in spring, 2007.

CFSA is also partnering with the Parent-Child Home Program, Inc., an evidence-based early childhood literacy and school readiness program. This home visitation program will target a select group of high-risk families in Wards 7 and 8 identified by CFSA.

Roughly 60% of children in District foster care are youth age 12 or over. This population has unique psychosocial, educational, and placement needs; they are difficult to place due to shortage of beds among placement providers. In FY 2007, CFSA will implement a number of strategies to create a more varied foster placement array and to increase capacity across all placement types. The Teen Bridge program will target youth (ages 16-21) with histories of abscondence and/or unsuccessful foster care placements. They are children in group care settings who are not mature enough to be in an independent living environment and who require a unique array of independent living and life skills, and support services. CFSA is also partnering with the Department of Youth Rehabilitation Services to coordinate Multi-Dimensional Treatment Foster Care (MTFC), an evidence-based model of highly structured specialized foster care for youth ages 13-16 with complex behavioral health needs and a history of placement disruption. The program will commence in 2007.

In July 2006, DMH co-located a staff psychiatrist to the Family Division of DC Superior Court. The psychiatrist conducts emergency psychiatric screens on youth involved in the child welfare system and the juvenile justice system for whom the Court request an emergency screen to determine if an acute inpatient hospitalization is warranted, and or for recommendations for mental health services. In addition to conducting emergency psychiatric screens, the psychiatrist consults with the Family Court Judges on mental health related issues for youth/families before the Court.

Recognizing the difficulty in locating mentoring services for in-home families, CFSA recently began a volunteer mentoring program that will serve children/youth in both in-home and foster care placements. The Volunteer Mentor Partnership (VMP) is a new initiative designed to provide CFSA children and youth with positive adult role models through one-on-one mentoring and companionship. The VMP is an expansion of CFSA's mentoring offerings and does not replace existing mentoring relationships. The VMP targets 100 (in-home and foster) children and youth who don't require more intensive and therapeutic mentoring, but would still benefit from positive,

consistent adult contact. VMP mentors commit to mentor for at least one year and provide a minimum of bi-weekly, in-person activities and weekly phone or email communications.

Item 36: Service Accessibility. *Are the services in Item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?*

Policy

Services for children and families are available and accessible throughout the District of Columbia, and, in many cases, for children in foster care in neighboring jurisdictions. CFSA's policy is to regularly document, analyze, report, and respond to the quantity, quality, and accessibility of its services to children and families throughout the city. Every fiscal year, the Agency performs either a *Needs Assessment* with a corresponding Resource Development Plan (RDP) or provides an RDP update that identifies gaps in services to children and families. Through the RDP the Agency proposes a series of action steps that either reallocate current resources or incorporate the participation of an appropriate government agency to solve any service deficiencies due to lack of availability or accessibility.

Practice

For CFSA children and families at risk of entering the child welfare system, an array of services is available through the seven neighborhood HFTC Collaboratives which are located strategically throughout the District. Through contracts with the HFTC Collaboratives, CFSA children and families can be referred to the Collaborative most convenient to them in order to access services. Even though all services may not be duplicated in each Collaborative, families may be referred to a Collaborative outside of their catchment area when a needed service is available at another Collaborative.

Since the District's last CFSR, CFSA has made determined efforts to expand resources and improve accessibility to services in the areas of housing, mental health services and treatment services for families affected by substance use/abuse. In the area of mental health, CFSA has partnered with the DMH to streamline various intervention and therapeutic services to children being served by both systems of care. The following services were implemented in January 2005: Multisystemic Therapy (MST), and Intensive Home and Community-Based Service (IHCBS).[94]

Challenges

Some variations in accessibility do exist for a number of supportive child welfare services. Typically, eligibility requirements for many of these services, including housing and transportation, prevent access for individuals and families in need. The QSR Report published in January 2004 found: "There were a number of cases in which children received delayed services due to lack of coordination, bureaucratic delays and what appear to be Medicaid issues regarding eligibility and access."

The service area with the greatest challenges to accessibility is housing. Housing Assistance was ranked "minimally" available but eligibility is the greatest barrier for families and individuals. The January 2004 QSR reported that "the lack of adequate housing was identified in some cases as an obstacle to keeping children safely with their families or returning children from foster care." Eligibility requirements often exclude individuals from receiving assistance and the shelter beds

[94] For more information about MST and IHCBS services, please see Item 8.

that are available are extremely limited for the general population, especially for families with children. Parents returning to the community from prison have even greater difficulty finding housing. Increased advocacy at all levels – neighborhood, community and District-wide – is required to address this urgent need.

With limited affordable housing in the District and limited housing assistance, a focus group of key stakeholders, convened from the District's social services' providers in November 2006, reported that families are forced to find housing in Maryland and Virginia. These stakeholders agreed that safe and affordable housing is a crucial component for child abuse prevention and yet it is often the least available service for families. The focus group also identified the following child welfare services where there are variations in accessibility:

- **Transportation Assistance**. This service may be impacted by eligibility requirements. Medicaid eligibility requirements, for example, exclude some individuals from using certain transportation vendors; school-age children must pay to ride Metro unless they qualify as "special needs" students. In addition, individuals who must rely on public transportation will often face additional challenges while attempting to navigate between child care, housing and employment resources that may not be conveniently located.
- **Mentoring for Children and Youth.** Mentoring programs can be difficult to access due to age limits for participation and criteria for accessing services. There is also confusion for residents trying to distinguish between mentoring and tutoring services.
- **Advocacy for those who require Employment Assistance**. Individuals may complete the educational and vocational training requirements of an employment program, but many face barriers when trying to access employment. Stakeholders agreed that this is particularly true of formerly incarcerated males.

To address one population in need of housing, the Family Treatment Court is providing transitional housing for participants in that program. The Transitional Housing Program allows families to live for 18 months in transitional housing until permanency can be established.

Other perceived limitations exist in areas where services are not provided in the immediate neighborhood, but are conveniently accessible in neighboring communities via the rail or bus systems. To assist families and youth over these hurdles, CFSA provides train fare cards and bus tokens to assist with transportation.

Item 37: Individualized Services. *Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?*

Although there are standard services that our children and families receive, workers practice a strategic assessment to address the specific needs that face our population. Efforts are made to individualize services as much as possible.

Practice
All areas of the Office of Clinical Practice (OCP) assist in matching the needs of each child with specific services. Beginning with CFSA's healthcare delivery system (DCKIDS), medical needs are assessed and appropriate services are planned for children entering care. OCP staff identifies appropriate mental health, substance abuse, domestic violence, educational, mentoring and tutoring,

and residential treatment services. Addtionally, OCP's Family Team Meeting Unit collaborates with the family to identify the specific needs of the child and the services that would allow the child to be safe.[95]

In addition to the array of services that workers access through the Office of Clinical Practice, case management tools, such as Case Plans and Administrative Reviews, assess the needs of the child and family periodically for the duration of the case. Case Plans[96] are to be updated every 6 months by workers and a facilitator conducts Administrative Reviews[97] every 6 months as well.

Performance
Both Case Plans and Administrative Reviews are tracked by FACES management reports and are used by supervisors and upper management to assess our compliance with the stated benchmarks. As of March 2007, the combined completed case plan numbers for CFSA and the private agencies were 95.2% for children in foster care and 87.9% for in-home cases. CFSA has consistently held between 98% and 99% of Administrative Reviews over the past year.

Strengths
A stakeholder from the Court Improvement Project stated that the presence of co-located staff at Family Court, including a psychiatrist from the Department of Mental Health, is an important asset. The co-located staff gives judges service recommendations immediately to ensure that children and families are receiving assistance tailored to their needs.

Further, organizations that host multiple programs, such as the HTFC Collaboratives, are able to offer clients a menu of individualized services. In-home service providers are also especially adept at adapting to individualized family needs.

Challenges
Although CFSA and our private providers diligently work to address the individual needs of our families, we may experience some difficulty addressing issues within the various immigrant populations who come to our attention. However, in those instances our community partners play a large role in assisting in interpretation services and providing culturally competent services that will assist in meeting the safety concerns for the child as well as other problems that the family may be facing.

[95] For more information regarding Family Team Meetings, please see Item 3.
[96] For more information regarding Written Case Palns, please see Item 25.
[97] For more information regarding Administrative Reviews, please see Item 26.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders. *In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care parent providers, the juvenile Court, and other public and private child-and family-serving agencies and include the major concerns of these representatives in the goals and objectives of the CFSP?*

Policy
The Practice Model states, "a system of partnerships among preventive, foster care, legal, service, and other resources is essential to achieve safety, permanence, and well being for children." CFSA adheres to the federal requirement within the Annual Progress and Services Report (APSR) to demonstrate the ongoing process of coordination and collaboration across the entire spectrum of the child and family service delivery system. CFSA also relies on external stakeholders to provide input into the Agency's APSR submission. The Agency insures that documents and reports, such as the APSR, information requests from the City Council and other stakeholders, and meeting notes and reports involving community partners are available and distributed to the public. These documents are routinely posted on the District's internet system for public viewing, as well as the Agency's intranet. Concerns raised by stakeholders are addressed through an ongoing review and evaluation of Agency progress in meeting the goals and objectives of the CFSP. These assessments that include CFSA's strengths and challenges are also posted to the internet.

The Agency holds regular meetings with foster parents and encourages their involvement. Their input, as well as the involvement and input of other external stakeholders, is evident in the Agency's Needs Assessment.

Practice
CFSA has built and sustained partnerships with stakeholders who serve the District's vulnerable children and families as a priority. These partnerships have many different forms; some are provider agency relationships governed by contracts, while others are with District agencies formalized through memoranda of understanding. CFSA's relationship with its foster parent organizations is extremely important to our mission. There are two entities that currently represent the interests of foster parents in the District of Columbia, the Foster and Adoptive Parent Advocacy Center (FAPAC) and the DC Metropolitan Foster/Adoptive Parents Association (DCMFAPA). CFSA leadership meets monthly with these organizations to identify issues on both sides, to identify major concerns of stakeholders, and to problem solve. This ongoing dialogue includes input into Agency policy as well as feedback from the organizations on how practice changes will affect foster parents and the children in their care.

In addition to formal partnerships with providers and District agencies, CFSA's 2003 and 2005 *Needs Assessments* provide further insight into the perspectives of key stakeholders, including the children and families receiving services. To develop the *Needs Assessment*, staff obtains input from focus groups with various stakeholders (social workers, foster parents, youth in foster care, birth parents, etc.).

CFSA also uses the Quality Service Review (QSR) process to educate stakeholders about Agency practice and to get a full picture of participants in the case planning process. Representatives from CFSA and from the Center for the Study of Social Policy (CSSP) participate on the QSRs, which have been conducted semi-annually since 2004. CFSA has also provided training to external advocates and citizens, who have then participated in the QSRs.

The District does not depend solely on the public Agency to provide services to children. CFSA uses contracted private providers to manage cases as well as provide services. No matter which function the private provider performs, CFSA holds provider meetings to keep them informed of their performance in benchmark areas as well as to discuss their agency needs and problem solve as issues arise. CFSA uses its management reports as well as monthly score cards to track provider progress. The scorecards are the basis of spirited and productive discussions that have resulted in practice improvement.

In addition to contracted providers, CFSA is maintaining its relationships with the D.C. Superior Court Family Court Division and other District agencies. As detailed in the 2006 APSR, the District's child welfare and Court systems have a strong collaboration. CFSA adheres to the federal legislation to demonstrate substantial, ongoing and meaningful collaboration with State Courts to develop and implement its Title IV-B and Title IV-E plans, CFSRs and PIPs required by Section 1123A of the Act.

Agencies such as the Department of Mental Health, the Department of Health (which includes the Department of Health's Addiction Prevention and Recovery Administration) and the Department of Human Services are key partners in weaving a safety net for children and families. CFSA's *Needs Assessment* identifies those agencies with whom CFSA is working well, as well as gaps in the service delivery system in order to develop a strategic planning to enhance service delivery. For example, the *Needs Assessment* prompted the development of a joint outpatient program with the Department of Health.

CFSA and the Department of Health's Addiction Prevention and Recovery Administration are co-locating substance abuse counselors at CFSA intake to provide substance abuse screening, assessment and intake *in vivo* has proven important and an example of collaboration. CFSA and APRA meet periodically to discuss the success of the program and areas of improvement.

CFSA's contractual relationship with the Healthy Families/Thriving Community Collaboratives is one of the District's most promising approaches for integrating community concerns into the CFSP. This network of agencies, each of which offers services within a specific area within the District, provides prevention services for families at risk of CFSA involvement. CFSA obtains valuable feedback from the Collaborative Council about urgent child and family needs in the community through monthly meetings.

The Citizen Review Panel and the Youth Advisory Board are also important stakeholders. The Citizen Review Panel, mandated by CAPTA, is now an autonomous entity that reviews CFSA service delivery. The panel is comprised of interested D.C. residents and coordinated by the Howard University School of Social Work. Even though the Citizens Review Panel is autonomous, CFSA staff have consistently participated and provided support to the Panel.

At this time, the Agency is not facing barriers to successfully engaging in external consultation. As CFSA continues to move forward with reform efforts, the Agency welcomes the input of stakeholders and partners. The Agency receives consistent and valuable support from its partners, and continues to address major concerns around the delivery of services and policy development through ongoing collaboration. Such partners include the city-wide child fatality committee, the City Council (which receives monthly reports from the Agency and conducts bi-annual oversight hearings), and the Council for Court Excellence.

Item 39: Agency Annual Reports Pursuant to the CFSP. *Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?*

Policy
The District of Columbia develops annual reports of progress and services delivered pursuant to the CFSP in the form of the Annual Progress and Services Report (APSR). CFSA adheres to Program Instructions associated with any federal report that requires stakeholder collaboration; in addition, the Agency follows best practice regarding the input of external stakeholders in any assessment of progress and service delivery. We adhere to the federal legislation to demonstrate substantial, ongoing and meaningful collaboration with State Courts in the development and implementation of the Title IV-B and Title IV-E plan, CFSRs and PIPs required by Section 1123A of the Act.

Practice
CFSA prepares the Annual Progress and Services Report (APSR) in collaboration with senior staff and program managers, with input from program staff. As part of the development of the report, the Agency seeks feedback from external *stakeholders who receive a draft copy of the annual submission* and offer comments and feedback. Giving stakeholders an opportunity to provide input into CFSA's annual report of progress and services pursuant to the CFSP has proven to be an effective tool.

While there is no formal monitoring system regarding this item, the Agency verifies adherence to this requirement through a written statement in the APSR. In addition, stakeholder input is an essential component of the Agency's Quality Service Review process and external input is part of the bi-annual Needs Assessment methodology. The *2005 Needs Assessment* is an evaluation tool of the entire child welfare system from multiple perspectives and incorporates the experiences of children, families, providers, social workers and stakeholders. It identifies gaps in services and supports for birth families and kinship and foster parents. Feedback on this assessment is provided by the Center for the Study of Social Policy, the Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN), and others. Feedback on assessed gaps in service is used to develop the Agency's annual Resource Development Plan.

CFSA works closely with external partners such as the DMH and APRA to improve services for child welfare involved individuals and families. CFSA meets with external advocates on a regular basis and engages external participants in Quality Services Reviews and the bi-annual *Needs Assessment*. District legislation also requires the Agency to prepare an annual report to

inform the Mayor, District Council, and community of the District's achievements and challenges in implementing the Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA Amendment Act).

CFSA's performance in this area has steadily improved since the previous Statewide Assessment. The on-going involvement of external stakeholders in policy and planning related to the delivery of services, as well as evaluation of overall performance, has enabled the District to continue to improve services for child welfare involved families.

Item 40: Coordination of CFSP Services With Other Federal Programs. *Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?*

Policy

CFSA maintains robust policies surrounding the administration of all federally funded programs. As the single state Agency for Title IV-E, it maintains the District's Title IV-E and IV-B State Plans. The Agency also closely coordinates with the District's Department of Health and the Department of Human Services in regard to its programming and spending of Medicaid, TANF, and SSBG funds. CFSA adheres to requirements associated with any conditions of funding, and the Agency has controls to reduce duplicate services and funding. It is also to the Agency's (and the District's) benefit to maximize resources for child welfare involved families by coordinating services and benefits where applicable. As such, CFSA is engaged in an ongoing process to partner with District agencies whose federally-funded services and benefits are utilized by the same population in an effort to coordinate service delivery. The Agency does not directly receive federal assistance outside of those programs detailed in our Annual Progress and Services Report, with the exception of special Federal appropriations that are targeted for specific services.

Practice

There has been substantial improvement in the Agency's performance regarding this item since the previous Statewide Assessment. Collaboration among senior representatives from the Departments of Health, Mental Health, Human Services, and CFSA have aided in developing a coordinated service delivery approach. This will enhance interagency care coordination and streamline access to services for children and families in the District. The Agency also participates in the Child Welfare Leadership Team with other stakeholders including the Family Court.

Performance

During the week of September 18, 2006, the Administration for Children and Families (ACF) conducted a secondary eligibility review of the District's Title IV-E foster care eligibility program, which required a coordinated effort with multiple entities. ACF determined that CFSA's Title IV-E foster care maintenance program was in substantial compliance with Federal child and provider eligibility requirements from October 1, 2005 to March 31, 2006. This is a *major* accomplishment for the Agency. CFSA had completed a program improvement plan and devoted time and resources toward a series of programmatic, systemic, and administrative improvements to bring its Title IV-E operations into compliance with federal requirements.

Strengths

The District's Department of Human Services (DHS) and CFSA have signed a memorandum of understanding to share service and financial information about foster children served by DHS' Early Care and Education Administration (ECEA). Financial resources can be maximized by leveraging ECEA childcare expenses for federal Title IV-E reimbursement. Certified public expenditures for childcare services offered to working foster parents may be eligible for Title IV-E reimbursement. Both agencies are coordinating the exchange of data to facilitate federal claiming.

In partnership with the APRA and the District of Columbia Family Court, CFSA has also developed a strategic plan to improve and enhance substance abuse services provided to children and families involved in the child welfare system. Each of the partners involved in this multi-system effort have statutorily mandated timelines that may be inconsistent with the speed of substance abuse treatment. The concept of the "clocks" was introduced to frame the different timetables faced by front-line workers and clients in separate but overlapping[98] systems. One deliverable of this effort was that in FY06, CFSA and APRA agreed to the terms of a model for co-supervised staff. Dedicated substance abuse specialists who have access to the APRA system are detailed to the Child Protective Services Administration to support and secure substance abuse treatment and services for CFSA-involved children and families.

In FY06, CFSA also hired a mental retardation/developmental disabilities/special needs liaison in collaboration with the Mental Retardation and Developmental Disabilities Administration to support social workers and facilitate a transition of older CFSA youth to the adult mental retardation system.

Finally, CFSA participates in the delivery and billing for Medicaid Targeted Case Management (TCM) and Rehabilitative services. The District's Medical Assistance Administration (MAA), which administers all of the District's Medicaid programs, periodically audits CFSA and provides technical support for CFSA's Medicaid activities.

Challenges

While the District has made great strides in the coordination of services with other federal programs, challenges remain. The *2003 Needs Assessment* and Quality Service Reviews revealed that solving various mental health, substance abuse, housing, and employment issues require greater coordination and integration of services. To respond to these findings, CFSA has spearheaded improved coordination with partner agencies in the District.

As previously discussed, some of the challenges facing the District are related to the coordination of mental health services for child welfare involved individuals. By partnering with DMH, the overall goal is to create a single system of care that ensures continuity and quality for publicly funded mental health services; establishes a single standard for oversight and delivery of publicly funded mental health services; and, allows the District to maximize its use of Medicaid funding for mental health services. Existing DMH funding criteria utilizes a medical necessity

[98] The systems do not overlap in duplicating services, but rather in (a) their potential capacity to work together for clients they share with other agencies, and (b) the client's need for services from more than one system at a time.

approach to services that does not always capture the type of service needs required by CFSA referrals. The Agency is exploring alternatives to the existing mental health system of service delivery, including more flexible access to a wide range of mental health services.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. *Has the State implemented standards for foster family homes and child care institutions that are reasonable in accord with recommended national standards?*

Policy

The District of Columbia's Foster Home regulations contain standards that are consistent with national standards. In order to obtain a license, prospective (and current) foster family homes and congregate care providers must meet numerous requirements including: criminal and child protection registry checks; medical evaluations of caregivers; and, an evaluation of the safety of the physical characteristics of the home. The regulations are consistent with federal requirements in that they allow for exception or waiver of certain non-safety related standards for kinship foster care providers as long as the reasons for such exceptions are individually documented in the child's case file.

District licensing standards for Group Homes and Independent Living Programs also correspond with national standards. Regulatory requirements include (but are not limited to): criminal and child protection checks for all staff; minimum physical space requirements; environmental and fire safety requirements; and, staff development requirements.

Practice

In practice, CFSA's Office of Licensing and Monitoring (OLM) adheres to all relevant regulations in the licensing process. Each year since the end of FY 2001 (when District licensing regulations for foster family homes and congregate care facilities were promulgated), the Agency has improved licensing processes, enhanced supportive services for our providers, and stepped up recruiting and licensing efforts to retain more homes and resources for our children.

CFSA created a new business process for licensing congregate care in September 2005, which has enhanced providers' compliance by making the licensing process easier for them to navigate. To be licensed, facilities must submit documentation that their staffing levels, financial resources and actual facility meet requirements.

The home study process is nearly the same for foster family homes and adoptive homes. A new home study is usually done for adoptions, while a foster family home provider who wishes to become an adoptive home must undergo a new home study if the foster home study is more than one year old. CFSA policy requires the home study process to be completed in 60 days which does not create any delays to the process.

CFSA may amend rules whenever it determines that the proposed amendments would benefit children and youth. Requests occur on an as-needed basis. Rules are generally amended through an official request to CFSA Office of General Counsel. The rules must be drafted, approved by the Attorney General, and published for comment. Following the comment period, the rules are edited as necessary and formally promulgated.

Internally, CFSA split the foster parent support function from its licensing function for its foster family homes. This promising approach has enabled licensing staff to more quickly and efficiently process initial licenses and renewals for District homes. In 2005 licensing staff took over from the support workers all the responsibilities of licensure renewals, allowing the support workers to engage primarily in the activity indicated in their job titles. Foster parent workers and licensing staff coordinate efforts so that if either staff person has concerns that would impact the other's responsibilities, he/she shares information promptly.

In instances where there is an allegation of abuse/neglect by a provider, regulations require the licensing worker to visit the home/facility, to assess risk, to determine if there was actually a violation, and to determine if that violation creates risk to child health or safety. If there is a risk, the licensing worker must adhere to strict communication protocols and confer with the chain of command to decide on a course of action, which may be removal of the children and suspension or revocation of the license.

Performance

As of May 2004, about 22 percent of foster children in CFSA's care were residing in unlicensed foster homes. To address this issue, CFSA reviewed all unlicensed foster homes to check for their compliance with basic health and safety standards and has a policy of no longer placing in unlicensed homes. As a result of the review, CFSA licensed most homes and reduced the number of unlicensed foster homes to 17, or 5 percent, by July 2006. While the most recent Court Monitor's Report found that CFSA had not met the requirement that all foster homes, group homes, and independent living facilities have a current and valid license, the data showed an improvement.[99] Concurrently in 2005, CFSA began issuing bi-annual foster home licenses (it used to issue annual licenses), but the Agency still tracks provider compliance with some requirements on a yearly basis. If foster parents fall out of compliance with any licensing requirement at any time during their tenure, they risk license revocation. As of February 2007, there are 7 foster homes with children placed that have never been licensed; most children living in unlicensed settings are living in homes where the license has not been renewed in a timely manner.

CFSA has two tracking mechanisms that are used to determine whether foster homes and facilities are licensed: the FACES (SACWIS) system and a Maryland database that is used to track which homes are licensed, which homes have expired licenses and the length of time that the license has been expired. There are also management reports generated from FACES that provide aggregate data on a monthly or daily basis regarding the number of homes that are licensed or unlicensed. For homes that are not licensed, CFSA staff have began aggregating and tracking the barriers to licensure. Where barriers to licensure have been identified, CFSA staff have been conferencing with the foster parent and/or private agency in order to get the home licensed.

Challenges

Because of the District of Columbia's unique geography, as a small urban area bordered by Maryland and Virginia, CFSA depends heavily on placement resources in these jurisdictions;

[99] GAO report, Performance has Improved, but Exploring Health Care Options and Providing Specialized Training May Further Enhance Performance. GAO-06-1093. September 28, 2006

about half of the foster children in the District reside in the State of Maryland. The reliance on interstate placements presents challenges to locating and retaining foster and adoptive homes.[100] As noted above, CFSA still faces the challenge of having children placed in unlicensed foster homes.

Item 42: Standards Applied Equally. *Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?*

Policy

CFSA has uniform licensing standards for all foster family homes, group homes, or other congregate care facilities that receive Title IV-E or IV-B funding. During the licensing process for traditional foster family homes, CFSA or contracted providers perform a comprehensive home study, criminal background investigation (using federal and local law enforcement databases) for each adult in the home, and child protection register clearance checks for each adult in the home. Licensure regulations also require all prospective foster parents to attend pre-service training. Foster homes must meet all IV-E/IV-B requirements in order to be licensed, and in order to receive federal reimbursement through Titles IV-E or IV-B.

In order to place more children with kin and minimize the trauma of separation from family, CFSA does have a policy for licensing kin placements on an emergency basis. However, CFSA staff and its FACES management information system identify "licenses" with respect to these placements differently than the traditional foster family licenses, and CFSA *does not claim Title IV-E* for foster homes issued "Temporary Kinship Licenses". This policy allows CFSA to safely maintain foster children in the homes of kinship providers while these providers complete the traditional foster family home licensing process. If CFSA determines that the home cannot be licensed, CFSA will either attempt to license another kin resource that meets IV-E requirements or may choose to pay the unlicensed caregiver with State funds only.

CFSA also issues other types of licenses to facilities that, for any number of reasons, do not meet annual licensing requirements. *CFSA does not claim Title IV-E reimbursement for any facilities operating under such licenses*. "Provisional" licenses address situations where the licensing period has expired, but the licensed agency/facility has not yet met the requirements for an annual license, or when there is a compliance issue with a specific rule. A facility operating with "restricted" license is not permitted to accept new residents or provide certain services until the facility rectifies an area of concern or non-compliance with respect to District rules (as long as the non-compliance does *not* constitute a serious health or safety issue for current residents). The "restricted" license serves as a formal notice to the agency/facility that it must achieve compliance with the rules within 90 days, or risk losing its licensure status altogether.

The local regulations governing the licensure of congregate care settings address Title IV-E/IV-B requirements. CFSA issues annual licenses to facilities that meet the full licensure requirements of the District regulations (and therefore of Titles IV-E or IV-B). CFSA issues "original" annual licenses for facilities beginning operations, and then annual "renewals" for currently licensed facilities. CFSA claims Title IV-E reimbursement for any child who is placed in a facility that has an original annual license or annual license.

[100] For more information regarding challenges of Cross-Jurisdictional Placement Resources, please see Items 42-45.

In 1980's and 1990's, the Family Court had a practice of ordering children into "third party placements" (frequently over CFSA objection), which were non-licensed caregivers, and therefore non-reimbursable under Title IV-E. However, in 2003, CFSA and the Family Court agreed that child placement in a licensed home, as opposed to a "third party placement", was generally in the best interest of the District's foster children. The total number of children in third party placements dropped by over 40% from January 2006 to January 2007. To date the number of youth in third party placements is 37 as of March 2007.

CFSA begins the re-licensing process by scheduling time with the foster home or facility 2 to 3 months prior to license expiration. CFSA visits the licensed foster home or facility when there are complaints or institutional investigations, and adheres to clearly defined regulations and protocols governing the investigation and reporting process for all allegations of abuse and neglect in a foster family or congregate care setting.

Performance

During the September 2006 Title IV-E Federal Foster Care Eligibility Review, ACF determined that CFSA's Title IV-E foster care maintenance payment program is in substantial compliance with federal requirements. This is a major achievement for the District. Since the August 2003 IV-E Foster Care Eligibility Review, CFSA has made great strides to fully integrate the licensing records on the FACES system with the Title IV-E claiming process to ensure that homes without the proper licensure do not receive federal reimbursement. The Title IV-E claiming logic on the FACES system contains a system edit that precludes Title IV-E care and maintenance claims for children residing in unlicensed homes or facilities. Only when the foster home in question has a licensing record (with a "fully licensed" designation) in the system does CFSA initiate a federal claim.

Strengths

CFSA began licensing congregate care facilities at the beginning of fiscal year 2002, and each year the Agency has improved licensing processes, enhanced supportive services for our providers, and stepped up recruiting and licensing efforts to retain more homes and resources for our children. We have expended considerable time and resources to improve consistency in the licensing process for both congregate care and foster homes. CFSA implemented a business process for licensing congregate care in September 2005, which has enhanced providers' compliance with licensing regulations by making the process easier for providers to navigate.

Challenges

Because of the District of Columbia's unique geography, as a small urban area bordered by Maryland and Virginia, CFSA depends heavily on placement resources in these jurisdictions. The reliance on interstate placements presents challenges to locating and retaining foster and adoptive homes:

- In Maryland, CFSA maintains contracts with Child Placing Agencies to license and monitor most of the homes in which CFSA foster children reside, and CFSA also maintains approximately 100 non-contracted foster homes in Maryland. CFSA has had difficulty ensuring that these agencies achieve full compliance with Maryland regulations, and timely completion of their work. In many cases, these issues have impeded CFSA's ability to claim

Title IV-E care and maintenance dollars. The Agency hopes to renew negotiations with Maryland to establish a more effective strategy for timely initial and renewal licensure of Maryland foster homes, including temporary kin licensing and use of social workers licensed in both the District and Maryland.

- The Commonwealth of Virginia does not allow CFSA staff to visit foster homes in Virginia. The Commonwealth initially approves a foster family home through the interstate compact process, and their staff visits the homes quarterly. Unfortunately, this does not meet CFSA's licensing rules and therefore hampers the District in claiming IV-E for those homes. CFSA is considering amending the rules so that as long as the foster home can be licensed and monitored in accordance with the State where it is located, that it will suffice for District requirements as well.

Item 43: Requirements for Criminal Background Checks. *Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

Policy

Pursuant to the Adoption and Safe Families Amendment Act of 2000, DC Law 13-136 (D.C. ASFA), a Federal Bureau of Investigation (FBI) Criminal Background Check and a local police clearance shall be completed for each prospective CFSA foster and/or adoptive parent, in addition to any other person eighteen (18) years of age or older residing in the home. Procedural guidelines are outlined in the CFSA's Business Process for Criminal Records Checks (2004), as well as the drafted Business Process for Licensing Foster Homes (2006). D.C. ASFA also contains explicit provisions that CFSA's case planning process must include discussion of the safety and appropriateness of the facility or foster family home in which the child is to be placed.

Practice

In practice, CFSA social workers (or their counterparts at private child placement agencies and/or foster home licensing agencies) secure authorizations from the foster parent applicant and each adult member of the household to conduct the appropriate child protection checks and to obtain criminal clearances. CFSA enforces this requirement both at the initial licensing stage as well as during license renewal for homes licensed in the District. The Agency will not issue a license without the results of the local and federal FBI criminal background history checks. Prospective foster and adoptive homes in other states must also complete criminal background checks, although the process for renewal may differ somewhat from the District's practice due to a particular state's regulations.

Beyond the background criminal investigations, CFSA performs a two tiered assessment to address the safety and appropriateness of the home in which a foster child is to be placed. The home-study is an objective assessment of the home's compliance with the District's safety-related foster home licensing regulations. All prospective foster homes are home-studied and the level of compliance is assessed uniformly. Additionally, during the Family Team Meetings, participants actively discuss the level of appropriateness of potential placements.[101] The

[101] For more information regarding Family Team Meetings, please see Item 3.

discussion goes beyond the regulatory safety requirements and takes into consideration other relational factors that weigh on the appropriateness of the placement. Insights and decisions made during the FTM are integrated into the child's case plan.

Strengths

Historically, the criminal background checks required prospective foster parents to report to local law enforcement agencies to record their fingerprints. In 2006, however, CFSA purchased the technology to process fingerprints and send them to the Metropolitan Police Department (MPD) and the Federal Bureau of Investigation electronically. The LiveScan technology allows CFSA to collect fingerprints, send them to the MPD, and to receive a ten-print verification from the local law enforcement database within minutes. Thereafter, MPD transmits the fingerprints to the FBI, who respond within seven to ten days with the results. This change in procedures is a major advancement since the last Statewide Assessment.

Prior to purchasing this technology, the fingerprinting/background criminal check process could take 90 to 120 days to complete, thus prolonging the licensing process and depriving CFSA of desperately needed foster care resources. During FY 2006, CFSA performed the on-site fingerprint checks for 321 prospective and current foster parents.

Challenges

Currently, in the event that a prospective foster or adoptive parent may have a criminal record, local regulations (DCMR § 6008.5) allows CFSA to make a determination on a case-by-case basis as to whether to license the individual as a foster parent after the individual's satisfactory completion of all other requirements set forth in regulations. The regulation allows for a CFSA review of the conviction and current circumstances so as to discern whether or not that individual is able to provide care for foster children consistent with CFSA policy and in compliance with the mission to secure the health, safety, and welfare of the children. The decision and its rationale are documented in the applicant's file. Presently, criminal background checks have been conducted for all approved/licensed foster and adoptive families and staff of child care facilities.

The passage of the Adam Walsh Act overrides DCMR § 6008.5, and as of October 1, 2008 will prohibit CFSA's discretion regarding criminal convictions and licensure. Perhaps the greatest ongoing challenge that the Adam Walsh Act presents to CFSA going forward is the requirement that the Agency perform criminal background checks in all jurisdictions in which a prospective foster parent has resided for the past five years. CFSA agrees that the requirement is an important and necessary step in ensuring the safety of the children in our care. However, despite the efficiencies introduced by LiveScan technology, this new requirement may increase the time it takes CFSA to complete the licensing process for prospective foster parents, and delay safe and appropriate placements including with kin.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. *Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?*

Policy
CFSA policy on recruitment states that the goal of recruitment is to heighten public awareness of the need for caregivers in an effort to develop an ample and diverse pool of prospective foster and adoptive parents. The policy states that a comprehensive recruitment plan should be developed to identify the numerical and programmatic goals for recruitment; outline acceptable recruitment strategies; project the length of various aspects of the recruitment process and specify necessary resources to accomplish the articulated recruitment goals.

Bench marks in the Amended Implementation Plan related to recruitment of foster and adoptive homes state that all children with a goal of adoption should be placed in a pre-adoptive home within nine months of their goal changing to adoption. It also states that a child–specific recruitment staffing should be held within 95 days (requirement of Implementation Plan) of their goal changing to adoption, which may include contracting with a private adoption agency for those children without an adoptive resource.

Practice
The Agency's recruitment plan focuses strategies on populations that market research has shown are more likely to foster and/or adopt children/youth that the District is seeking to place. Strategies include: media campaigns including print, radio and television; community outreach at public events; sponsoring "matching parties", etc.

On a monthly basis, recruitment unit staff review data related to the recruitment events held during the quarter for general recruitment. Attendance and response data is evaluated to determine the effectiveness of recruiting among the targeted populations and in the venues chosen. Recruitment staff reviews administrative data from the District's SACWIS (FACES) to identify the children/youth whose goal is adoption. These cases of these children/youth are staffed to develop a child-specific recruitment plan. These plans are reviewed every 90 days until a home is identified for each child/youth.

In order to make sure that all children with a goal of adoption have a resource identified for them within the time frames mentioned above, CFSA management reports track every child from the date their goal is changed to adoption. If the child does not have an adoptive home identified, a recruiter is immediately assigned (within 5 days of the date of the goal change) who convenes a child specific recruitment staffing with all significant parties and a comprehensive recruitment plan is developed. This plan is then implemented and revisited every 90 days until a resource is identified. The plan outlines strategies such as "Wednesday's Child", websites, "Heart" galleries, adoption exchanges, private agencies, and contract agencies among others.

Strengths
CFSA continues to develop comprehensive recruitment plans which include information on the demographics of the District's population as well as the characteristics of CFSA's children. The plan outlines the Districts foster care trends and provides an overview of the existing family based care resources, current CFSA foster home recruitment patterns, recruitment targets and incentives and the strategies and tactics. One of CFSA's partner agencies, the Metropolitan Washington Council of Governments (COG), hired a consultant firm in 2004 to conduct market research to recruit prospective resource families who best match the demographics of our

children in care. CFSA has benefited from the knowledge gained from this research, and has incorporated many of the tactics into our strategic recruitment plan.

In January 2006, CFSA added another recruitment unit which consists of five social workers and one supervisor. With the addition of this unit CFSA is now able to monitor every child whose goal is changed to adoption and ensure that everything is done to identify a home for each child. As the new recruitment unit was implemented, CFSA assigned 2 recruiters (from within the recruitment units) to focus only on general recruitment. They do not carry child cases, so they are able to devote all of their time and resources to general recruitment. One of these recruiters comes from a marketing background which has proved very beneficial.

Funding from Wendy's Wonderful Kids (see Item #9) will be used to hire another recruiter who will be working to develop homes for "difficult to place" children (from among those children/youth who have been waiting for placement for 6 months or longer).

Based on the outcomes of market research on the best families to match the demographics of the children needing placement and adoption, CFSA has implemented the following strategies:

- Church Recruitment: CFSA recruiters often address congregations on the need for resource parents from the pulpit and exhibiting in the church lobby.
- Booths: distributing information on the need for foster and adoptive parents at fairs, festivals, expos and many other community events.
- Presentations: addressing a captive audience for 10 - 30 minutes on the need for foster and adoptive parents at clinics, hospitals, universities, government offices, civic and neighborhood associations.
- Lunch and Learns: presenting a condensed version of our foster care and adoption orientation to employees during their lunch hours at their offices.
- Hand-to-Hand Marketing: passing out flyers in high-traffic locations to passersby such as at DC Vehicle Inspections, Barbershop and Beauty Salons on Georgia Ave NW & H St. NE: Holiday rush, Reeves Center and others
- Media Outreach: This strategy includes regular radio interviews. We have also done some television outreach through the WB Adoption Documentary (August 23, 2006) and twice weekly "Wednesday's Child" segments on NBC4.
- Matching Parties

Of the 775 individuals invited for orientation in FY2006, 532 attended and placed an application to become a foster parent.

Performance

Over the last several months CFSA's recruitment staff has been able to draw significant numbers of people who indicate interest in fostering or adopting and sign up at recruitment events. Attendance at these events ranges from the 900 to 1000 participants. From those indicating interest, at least 80-100+ prospective foster and adoptive parents are usually in attendance at orientations that are held twice monthly. The recruitment unit recruits at venues that specifically target those families that research has shown will be more likely to respond to parenting children with the demographics of children in CFSA custody. Such venues include: For Sister's Only;

The Christian business directory affiliated with WPGC95.5 and Heaven 1580AM; the annual Kwanza Marketplace Booth; Metropolitan, East Friendship and Pilgrim Rest Baptist churches; the Urban League Parent's Expo; and the Howard University Alumni Dinner. Information about our children is provided to prospective foster and adoptive parents in person and at orientation. We also discuss resources available to parents from the beginning to the end of the adoption process, as well as post-adoption services.

Strengths

CFSA's current key collaborators are NBC4 and the Freddie Mac Foundation along with the Council of Government who sponsor the weekly segments of the "Wednesday's Child". "Wednesday's Child" brings a tremendous amount of interested families from Virginia, Maryland and other states in the United States. Other major collaborators include:

- Department of Motor Vehicles and Kaiser Permanente – continuous showing of recruitment video in the waiting area,
- Whitman Walker Clinic – partner to identify families for LGBTQ youth,
- Children's Hospital – monthly recruitment event to recruit medical staff as foster/adoptive parents for medically fragile children/youth,
- Four major radio stations in the metropolitan area - WPGC 95.5, WOL 1450AM, WHUR 96.3, and XM169, The Power – public service announcements

Over 50 individuals have been invited to orientation so far in FY2007.

Like other jurisdictions across the nation, African-American children continue to be over represented in the District's child welfare system. However, the District of Columbia is a diverse urban area; according to the U.S. Census Bureau's most recent population estimates (July 2004), 68% of children under age 21 in the District were Black or African American. Due in part to the area's rich diversity, the Agency has been successful at attracting a large number of African-American families through various recruitment strategies. In addition, the Agency's recruitment materials, media campaigns, and recruitment events, such as churches and community events, target the ethnic and racial populations within the District that best match the children and families that we serve. Through aggressive recruitment efforts, such as "Wednesday's Child" and recent Metrorail and Metrobus campaigns, the public is able to view first hand the demographics of the children we serve.

Challenges

At one time, CFSA recruited and approved foster parents in Maryland and Virginia. However, these recruitment efforts caused compliance issues with interstate compact requirements and irritated relations with neighboring jurisdictions because of a perceived competition for limited foster family resources. Consequently, CFSA agreed to only recruit kin resources outside of the District. CFSA has an agreement with Maryland, which is a key collaborator, to allow CFSA to keep the traditional foster homes that were licensed previously. However, CFSA may no longer recruit new traditional foster homes. Private agencies that are also licensed in Maryland are permitted to recruit homes in Maryland; thus, many of the District's "therapeutic" homes are in Maryland.

Limitations set by the Interstate Compact for the Placement of Children (ICPC) also make it difficult for the District to affect emergency placements with families living outside of the District. At the same time, the changing demographics of the population within the District make it more difficult to recruit families within the District; there is an influx of single young professionals who generally live in smaller quarters. Further, the decrease in affordable housing stock within the District has meant that the families that previously fostered and adopted our children are moving into the suburbs where the housing is affordable. Unfortunately, the District's suburbs are in neighboring states, thus invoking the previously mentioned issues with Maryland and Virginia.

Promising Practices

CFSA is exploring a change to our media and general recruitment marketing strategies and message so that we can reach out to the new and changing populations within the District. For example, the media campaign is targeting the metro buses that operate on those routes where research shows families residing in that area are more inclined to become resource parents. The message in this campaign focuses on foster homes for older teens.

In addition, in 2007 Child and Family Services Agency will be partnering with True Insights Marketing, a consultant that will assist the Agency in utilizing targeted marketing to further enhance our recruitment efforts. This effort promises to further our knowledge and skills in effectively recruiting ethnically and racially diverse resource parents.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements

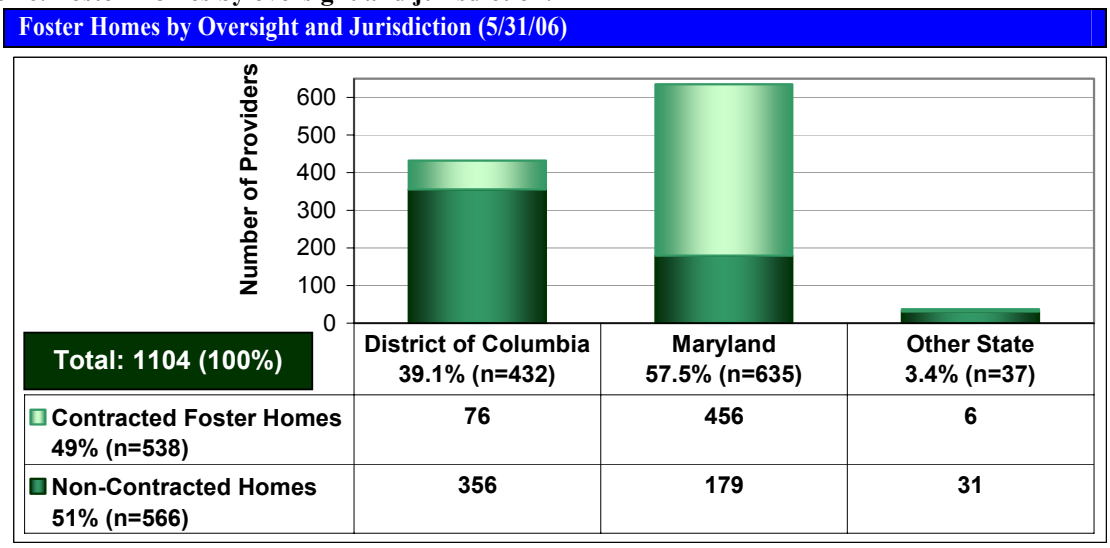
Does the state have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

The District of Columbia uses the Interstate Compact for the Placement of Children (ICPC) to effect cross-jurisdictional placements for purposes of foster care or adoptive placement, but it is not particularly effective in facilitating timely placements for waiting children. This is largely due to the District's unique characteristic – it is the only jurisdiction in the country that is cut off from its suburban neighbors by state lines. This means that despite the fact that tens of thousands of Maryland and Virginia residents commute into the District each day for work, school or church, CFSA is not able to place children with them without complying with the ICPC requirements. Given the cost and size of housing in DC and the small population in the District, the inability to place children in our suburban jurisdictions (particularly with kin) without complying with the ICPC is problematic.

Performance

As of September 30, 2006, of the 2366 children in out of home, 1132 children are placed in Maryland, 52 children in Virginia, and 101 children in other jurisdictions. The following chart reflects the geographic distribution of foster homes.

Figure 16. Foster Homes by oversight and jurisdiction.



Source: FACES PRD133, 6/15/06; ODPI 5/31/06 Placement Database
Note: As of May 31, 2006, of the 1104 family-based care providers, 46 were providing different placement services to multiple children. Therefore, numbers above do not add up to the total (1104). 'Other State' includes 22 homes in Virginia.

Except where the Court has ordered otherwise or pursuant to an agreement with Maryland, we place children through the ICPC process. Specifically, for non-Maryland placements, once a home is identified, we submit a request through the receiving state's ICPC office requesting permission to place the child. This process is followed for all types of interstate placements, including kin placements, traditional/therapeutic foster homes, and residential placements.

Strengths

We do recruit nationwide for adoptive homes. After obtaining waivers of confidentiality, CFSA posts pictures and profiles of children on several national web sites, including and www.NAC.org. The profiles allow potential adoptive parents and social workers who match children and family across the United States to view children who are available for adoption in DC and to contact us directly to begin the matching process. In addition, many of our children are featured on weekly segments of "Wednesday's Child." The segments air in the DC metropolitan area, which includes surrounding counties in Virginia and Maryland. In addition, the videos are available on the television stations website, which is linked to a national "Wednesday's Child" website. Wednesday's Child elicits many of our inquiries from out of state families.

CFSA launched a Metro advertising campaign in the month of November and December. Eye catching and colorful advertisements featuring a parent and teen were placed throughout various metro stations and buses in the DC metropolitan area. CFSA also contacts various child placing and licensing agencies in other jurisdictions for specific children on occasion.

Challenges

Many of our foster homes are located in adjacent counties in Maryland, as many kin and our longstanding foster parents live in Prince George's and other nearby counties. We reached an

agreement with Maryland that allows CFSA, in emergencies when no District placement is available, to place a child into a licensed foster home so long as we submit an ICPC request, with all documents underlying licensure, within 72 hours of the placement. However, this agreement does not allow placement with kin, or placement in adoptive homes without prior ICPC approval. Because of the high numbers of children placed in Maryland, and in attempt to expedite ICPC processing, the District has contracted with a number of Maryland child placement agencies to complete licensing and in many cases to provide the case management of children placed in Maryland, in an effort to relieve the burden on the counties. These efforts still have not achieved our desired goals - - more timely placements of children with kin or in permanent homes.

CFSA has proposed several solutions to both Maryland and Virginia. First, we have asked each jurisdiction to consider establishing a temporary kin licensing program modeled after our program that will ensure child safety but allow expedited placement with kin. Additionally, CFSA has requested that each jurisdiction permit the District to establish within CFSA "units" staffed by social workers licensed by the respective jurisdiction who would complete the licensing process and monitor the cases and homes. Maryland has rejected expedited licensing of kin, and the Agency is awaiting responses on the remaining requests. The Court and CFSA are collaborating on a request for technical assistance regarding the Interstate Compact on the Placement of Children.

More than half of inquiries about foster care and adoption come from District residents, with approximately 44% of inquiries from Maryland or Virginia residents. As CFSA does not recruit foster parents from Maryland, the Recruitment Unit does not invite them to orientation unless they want to adopt or qualify as kinship parents. Instead, CFSA introduces them to local agencies in Maryland, including its partner consortium agencies that license foster parents residing in Maryland.

Section V – State Assessment of Strengths and Needs

On the basis of an examination of the data in section II and the narrative responses in sections III and IV, the Statewide Assessment Team should respond to the following questions in completing this section:

Safety Outcome 1, "Children are, first and foremost, protected from abuse and neglect", is primarily a strength. The data profile shows that the District exceeds the national standard with regard to absence of maltreatment recurrence, and falls just below the standard with regard to absence of child abuse and/or neglect in foster care. Although this area is considered primarily a strength, some areas remain where improvement is needed:

STRENGTHS

- The CPS hotline has 24/7 coverage, and is adequately structured and staffed.
- There is strong policy guidance for timely response to reports.
- All CPS workers are licensed MSWs and receive additional pay for CPS work.
- There is a dedicated multi-disciplinary Intake team, including substance abuse specialists.
- CPS has a strong relationship with the Metropolitan Police Department, Children's Advocacy Center, Children's Hospital, and Safe Shores, which provides and services specific to child sexual abuse.
- Family Team Meetings often occur before the investigation is completed. Family based-decision making is further strengthened in combination with Court mediation.
- There is a Mandated Reporter Outreach Program in DC public schools.
- There is a formalized risk assessment tool

NEEDS

- There is a need for city-wide prevention efforts to reduce maltreatment, such as mental health, substance abuse, and homelessness services.
- There is an insufficient number of medical staff in the District to handle forensic medical examinations, such as the identification of physical and sexual abuse.
- There is insufficient debriefing support / secondary trauma services for CFSA staff handling critical events, which impacts worker retention.
- The District needs reliable, quality and accessible respite services for birth families.

Safety Outcome 2, "Children are safely maintained in their homes whenever possible and appropriate," is a moderate strength. The provision of in-home services, as well as risk assessment and safety management, are areas in which the District has made great progress since the last CFSR. Despite these improvements, the Agency has a number of areas where it demonstrates continued needs.

STRENGTHS

- The Healthy Families Thriving Communities Collaboratives are strong partners in serving families.
- The dedicated In-Home Team has allowed the Agency to focus on the provision of services to in-tact families.
- Flex funds are available for in-home services.
- CFSA nurses make in-home visits.
- The Healthy Start program is well-utilized.
- CFSA and DMH have instituted a number of evidence-based practices, such as Multi-Systemic Therapy.
- Cross-system partnerships, including DYRS, DCPS, and DMH are in place.

NEEDS

- There is a need for In-home, Medicaid-funded, medical services to meet critical needs.
- There is a lack of quality, therapeutic, accessible service providers, particularly that specialize in sexual abuse.
- Housing, including the impact of gentrification and homelessness, is a barrier for many CFSA-involved families.
- The District is in need of solutions to maintain parental contact for parents that are incarcerated out-of-state.
- Youth employment opportunities must be expanded (231 jobs last summer, 1,000 youth).
- There needs to be a city-wide initiative to implement creative solutions/resources for youth-at-risk.
- Vocational programs need to be incorporated across all DC public schools.
- There needs to be a city-wide remedy to address issues of poverty that set District families up for failure.

Permanency Outcome 1, "Children have permanency and stability in their living situations", is a strength in regard to permanency, but could improve in regard to measures of stability. Although CFSA does not meet any of the national standards with regard to the composite scores, the Agency has demonstrated significant improvement for each composite score between FY2004 and FY2005.

STRENGTHS

- Over the last few years, Administrative Reviews have increased from 50% to 98%.
- Children's permanency goals are established in a timely manner with specific plans.
- There are established procedures for expedited emergency licensing for kinship care in the District.
- The Family Court is new since the last CFSR.
- The permanency redesign, particularly the assignment of a permanency specialist to every out-of-home case, is a strength.
- The American Humane Association evaluation of FTMs found that children participating in FTMs are moving to permanency faster than ever before.
- The implementation of the Mockingbird Family Model is helping children maintain stability.
- QSRs reveal that CFSA is engaging more fathers.
- A high percentage of youth (18%) are placed in kinship care.
- Entry cohort analysis shows great strides in moving children to permanency.
- The Court is no longer uneasy regarding granting TPRs when a child does not have an identified placement. This has helped increase the number of children that reach permanency through adoption.
- Post-permanency and post-guardianship services are in place.
- The Rapid Housing Program addresses issues for families in which housing is a barrier to permanency.
- The Youth Connections program is helping identify permanent connections for older youth.

NEEDS

- The inability to provide emergency temporary licensing for kin in Maryland is a *major barrier* to achieving placement stability and permanence.
- Prevention services need to be put in place so post-permanency/post-guardianship does not fail.
- Adoption/guardianship assistance ends at age 18, although foster care payments continue until 21, creating a disincentive for adoption/guardianship of older youth.
- Service provisions need to be reviewed to accommodate the increase of older youth entering care.
- CFSA needs a deeper understanding of placement instability as it relates to its current population.

Permanency Outcome 2, "The continuity of family relationships and connections is preserved for children", is a strength. CFSA has made great strides increasing visitation among all parties, including sibling visitation. In the last two years, CFSA has also made strong efforts to increase family involvement in case planning.

STRENGTHS

- Self-identifying, willing and capable kinship caregivers attend FTMs.
- Placement rules require that children are placed within a 25 mile radius of the District, and 90% of placements are within this range.
- Through the use of FTMs, fathers are increasingly involved.
- The Agency has embraced the Family Finding program.
- Sibling and parent-child visits have shown continuous improvement over the past several years.

NEEDS

- The border agreement with Maryland needs to be revised to accommodate kinship placement/visitation policies. Further, Maryland laws regarding placement and criminal background checks are stricter than DC, which causes difficulty in placing children with kin.
- The Adam Walsh Act will make it more difficult to place children with kin.
- There is a shortage of adequate, affordable housing in the District, which makes it challenging to locate family foster homes large enough to accommodate sibling groups.
- DC finds it challenging to recruit professional couples to foster children.

Well-Being Outcome 1, "Families have enhanced capacity to provide for their children's needs" is another area where the District continues to improve. CFSA has a range of services that are available in-house to meet the needs of families, but must continue to work closely with other District agencies to ensure that a wide range of services are available.

STRENGTHS

- CFSA's has a new Practice Model that includes permanency redesign.
- The Office of Clinical Practice has an in-house team of professionals that focus on well-being.
- All case plans are youth-driven.
- Demanding health standards are in place, including a more unified approach to mental health.
- The Family Drug Court addresses substance abuse using a family-centered approach.
- CFSA is involved with programs that support birth parents,
- In the Amended Implementation Plan, DMH and CFSA have agreed to work jointly to provide comprehensive mental health services to children and families, including a focus on prevention.

NEEDS

- There is a need or community-based, adjunctive mental health/culturally sensitive therapies.
- CFSA must continue to focus on engaging birth parent participation in case planning.
- The Agency needs to increase caseworker visitation with parents.
- The consistency of practice needs to be increased across the agency.

Well-Being Outcome 2, "Children receive appropriate services to meet their educational needs", is an area where CFSA must continue to make progress.

STRENGTHS

- CFSA has recently implemented and educational checklist, which the Court will use during all permanency hearings.
- Private agencies are monitoring educational outcomes, including a review of attendance outcomes as part of performance based contracting.
- CFSA is participating in a Casey Breakthrough Series Collaborative to strengthen educational outcomes.

- There is a city-wide effort to improve the educational system for all children and youth.
- CFSA has 80 youth attending college/post-secondary educational programs.

NEEDS

- Educational outcomes need to be included in case plans.
- Organized monitoring of educational outcomes for in-home children is not in place.
- Monitoring educational outcomes for youth living in Maryland is challenging.
- Monitoring educational outcomes of youth in RTCs, charter schools, etc. is challenging.

Well-Being Outcome 3, "Children receive adequate services to meet their physical and mental health needs", is a moderate strength. CFSA generally does a thorough job of meeting children's medical needs, although the Agency finds meeting mental health needs more challenging.

STRENGTHS

- Children receive both initial screenings and additional screenings for any placement change, including annual dental and medical examinations.
- Mental health professionals are co-located at the Court house, which results in more efficient recommendations and referrals.
- Private agencies are allowed to hire their own mental health professionals, which results in more efficient on-site care.
- The Office of Clinical Practice has an in-house team of professionals that provide strong leadership and focus on meeting physical and mental health needs.

NEEDS

- There is a need to increase physician training specific to maltreatment identification.
- There is a need for adjunctive, specialized, culturally sensitive, and age appropriate therapies.
- The Agency requires more MR/DDA medical and family supports.
- There is a shortage of providers that will accept DC Medicaid.
- DC Medicaid criteria are restrictive and do not consistently reimburse services that children and families require.
- Medicaid coverage for DC children placed in Maryland is difficult to coordinate.
- Service continuity is often disrupted when children experience a placement change.
- Lack of continuity of caseworkers often leads to disjointed medical and mental heath care.
- Use of the Mayor's Liaison Office at the Court should be increased.

Systemic Factors are generally a strength for the Agency. CFSA has a cutting-edge SACWIS system, timely administrative and Court reviews, an in-house training office, an established quality assurance process, and has worked diligently to increase stakeholder involvement.

STRENGTHS

- Every child has a timely permanency hearing.
- FACES, DC's SACWIS system, has been implemented since the last CFSR.
- The Quality Assurance Unit is conducting unit-to-unit "mini quality assurance" reviews.
- Cross training with foster parents and birth parents is occurring.
- Administrative and Court reviews occur every 6 months.
- A special in-house unit of 5 attorneys identifies and files viable TPRs.
- There is collaboration regarding dual-jacketed youth case planning.
- Standardized procedures are in place for matching youth with adoptive parents, and for streamlining procedures once a match is met.
- CFSA has considerably increased stakeholder involvement.

NEEDS

- CFSA and the Courts need to strengthen their processes regarding notification of hearings and reviews to caregivers.
- Foster parent training needs to be more skills-based.
- CFSA needs to define more clearly how the needs of children are aligned with the skills of foster parents and pre-adoptive homes.
- Foster parent recruitment needs to be balanced between private and public sectors.
- Private agencies are struggling with the infrastructures to support FACES.

The members of the DC CFSR Statewide Assessment team met regularly to discuss the District's responses to each item in the Statewide Assessment instrument and to provide recommended revisions to the document during its different draft stages. Each team member served as representative from his or her respective agency or office and brought feedback from a diverse group of people. The team identified strengths, challenges, promising approaches and potential tasks to include in the Program Improvement Plan (PIP). Many team members have also committed to contributing to the PIP process. Finally, team members contributed to broader discussions on issues that impact child welfare in the District such as barriers to meeting national standards and strategies for helping the District's children to meet educational goals.

The District of Columbia 2006 CFSR Statewide Assessment Team

Bonita Bantom, DC Department of Health, Addiction Prevention Recovery Administration
Dr. Sharlynn Bobo, Child and Family Services Agency
Magistrate Judge Julie Breslow, District of Columbia Superior Court
Dr. Sheryl Brissett-Chapman, National Center for Children and Families
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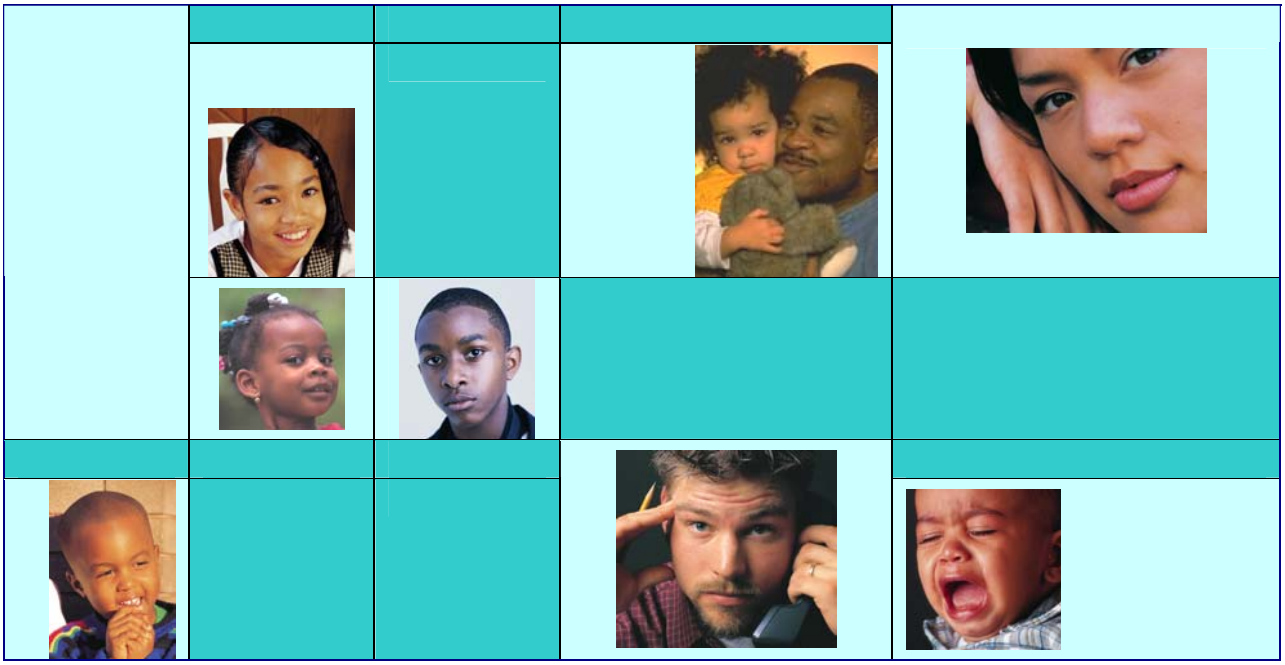
Shauna Spencer, DC Department of Mental Health
Audrey Sutton, Child and Family Services Agency

Practice Model

Our foundation for effective child welfare practice



D.C. Child and Family Services Agency
400 Sixth Street, S.W.
Washington, D.C. 20024-2753
www.cfsa.dc.gov

November 2005

Primary Goals

CFSA's mission is to improve the safety, permanence, and well being of abused and neglected children and to strengthen troubled families in the District of Columbia. Our child welfare practice strives to achieve **four principal outcomes**.

Children are safe.

Safety of children is our paramount concern, and we address it in every intervention, every plan, and every contact. We assess risk factors and engage birth, foster, and adoptive families in keeping children safe.

Families are strengthened.

Perhaps the greatest challenge in child welfare is balancing the goals of (1) preserving birth families while (2) ensuring children's safety within their development need for permanence. The importance of family and significance of a child's attachment to parents are immeasurable. We make every effort to engage and support birth families to prevent child placement. When we must place children for their safety, foster care is a short-term intervention. We make every effort to assist parents in overcoming difficulties through services, to strengthen ties between children and parents, and achieve reunification. When reunification is not possible within 15 months, we achieve permanence for children through guardianship or adoption.

Children and teens have permanence.

All children need a stable, nurturing family to grow and develop to their full potential. When birth families cannot or will not ensure the safety and well being of their children, we locate a family to which the child can belong. We find permanent families quickly for every child, teen, and young adult and finalize guardianships and adoptions within 27 months. When young adults age out of foster care, they have a permanent family or enduring connection to a caring adult committed to serving in a parental capacity and to a network of mentors and friends in the community.

Child and teen developmental needs are met.

Children and youth require assistance to achieve healthy physical, intellectual, social, and emotional development. We identify needs consistent with different stages of a child's development and coordinate resources to meet them. We prepare young people for self-sufficiency, including developing their abilities to meet their basic needs, communicate, form relationships, make decisions, solve problems, and resolve conflicts. We recognize permanence as an essential component of child and adolescent well being. ■

D.C. Child and Family Services Agency

Core Principles and Values

Child welfare social workers use a professional helping relationship as the vehicle for achieving desired outcomes for children. They assess, respond to, and influence family decisionmaking, behaviors, and circumstances. They take the lead in promoting urgency about permanence based on a child's sense of time. Program Operations supervisors and managers set standards, communicate expectations, monitor performance, coach and model effective behavior, provide developmental feedback, and show concern for how workers are experiencing their job. All other CFSA functions and employees support social workers, supervisors, and managers in serving abused and neglected children and families.

Children First

Child safety, permanence, and well being are our top priorities.

Family

Families are the focus of child welfare: preserving families, supporting foster families, building new adoptive families, and ensuring child and teen attachment to families. We recognize that all families have strengths and deserve a voice in decisions about their children. We serve families from diverse cultural backgrounds in a responsive manner.

Respect

All clients are worthy of **respect**. We inform them of their rights and responsibilities. We safeguard confidentiality and ensure due process.

Urgency

A child's sense of time and the **urgency of permanence** drive our practice. We aim to effect change so that children achieve outcomes within time frames that meet their need for permanence, as embodied in the Adoption and Safe Families Act. All parties cooperate and remain accountable to the child.

Leadership

We assume **primary responsibility** for ensuring child safety, influencing family change, leading the drive to permanence, and promoting teamwork among all parties in the best interests of the child.

Assessment

We identify behaviors and conditions that place children at risk of abuse or neglect or of not achieving permanence. We focus our actions and resources on **what drives problem behaviors and conditions** rather than on symptoms or trigger incidents. We recognize that

poverty, substance abuse, mental illness, and other severe difficulties strongly influence behavior, and we factor them into assessments and intervention/change strategies.

Intervention

The social worker relationship with clients is **proactive**, **focused**, and **time limited**. We influence underlying factors that create or sustain problem behaviors and conditions. We use a **professional helping relationship** to encourage family change that leads to positive outcomes for children. We regularly monitor children at home and in out-of-home care to ensure their safety and well being. We modify intervention/change strategies and case plans as child and family needs change.

Authority

We have a legal obligation to protect children and to engage families in taking action. We use **child welfare and Court authority** when necessary and appropriate to ensure child safety while maintaining a helping relationship with the family. We fully disclose to parents the consequences of and time frames for their behavior. We do meaningful, timely concurrent planning.

Placement

Removal from home is traumatic for children, even when it safeguards their welfare. We place children in out-of-home care **only when they cannot be safe in their birth homes**. When we must place children, they deserve to:

- Know why they are entering foster care.
- Be safe from further abuse or neglect in our care.
- Be placed with their siblings.
- Be placed with kin whenever possible.
- Have a stable, nurturing foster care setting that meets their needs.
- Be in foster care only as a short-term, interim step to permanence.

Teamwork

A system of partnerships among preventive, foster care, legal, service, and other resources is essential to achieve safety, permanence, and well being for children. We **assemble**, **coordinate**, and **lead** appropriate and inclusive multidisciplinary teams in providing prompt, effective, quality services to children and families. ■

Leadership Principles
for Social Work Supervisors and Managers

Focus

- **Get results through others.** Do not merely delegate but provide leadership, direction, education, and support that achieve results. Link tasks and outcomes to the agency mission and primary goals.
- **Use power and influence.** Be comfortable gaining staff commitment and compliance and shaping their behavior toward necessary outcomes.
- **Be visible.** Achieve agency goals along with responding to staff needs. Stay constantly visible to those above and below in making difficult decisions.
- **Manage conflict.** Communicate expectations clearly and directly and give negative feedback effectively, when necessary. Allow for conflict of ideas in support of positive change.

Production

Focus on results and emphasize urgency of achieving them. Set high standards of quality and excellence. Model excellence.

Communication of Expectations

Articulate expectations of the job. Have clear practice standards and communicate them effectively. Ensure clarity of work assignments. Engage staff in setting goals and objectives that reflect the underlying values of their work.

Coaching

Emphasize practice protocol, set developmental goals with staff, and provide regular counseling to them to improve performance. Observe worker performance and provide feedback to enhance existing skills. Model effective behavior and decisionmaking.

Control

Systematically monitor performance against expectations. Track case activity and progress on delegated assignments.

Feedback

Give frequent positive, negative, and developmental feedback that is very specific. Compare results against expectations to clarify performance issues.

People

Demonstrate concern for how workers experience the job. Listen to worker concerns. Be genuine with staff. Build trust. ■

D.C. Child and Family Services Agency

Practice Protocol for Social Workers

Respond and Engage	Accept and investigate reports of child abuse and neglect wherever they may occur in the city. Build rapport with parents, children, extended family members, and other supporters through respect, honesty, and professionalism. Balance the mission and desire to help with the authority to intervene and need to protect.
Assess	Identify the current situation and underlying factors. Understand family strengths, needs, and wishes. Listen and observe. Assess child safety and degree of risk. Justify and document findings.
Plan	Partner with parents, children (when appropriate), extended family, and other supporters to select interventions, supports, and services that build on strengths while addressing underlying factors, needs, and wishes. Establish a goal of reunification within 15 months or guardianship/adoption within 27 months. Communicate directly about desirable outcomes, requirements for case closure, time frames, rights, and responsibilities. Develop a comprehensive case plan promptly (and in advance of initial Court activity when the Court is involved).
Coordinate and Lead	Assemble internal resources, other agencies, and community service providers to support the case plan. Coordinate service team activities. Lead the drive to meet child and family goals. Advocate for the child and family with the service team, as needed.
Serve	Ensure prompt, effective delivery of services to fulfill case plan requirements and meet the child's goal within mandated time frames. Encourage and support parents, the child, and others in engaging (not merely participating) in services.
Monitor and Evaluate	Visit regularly to check child safety, child-family engagement in services, and effectiveness of services in stimulating positive change. Communicate directly about achievements and areas in need of improvement. Reassess child safety and risk throughout the life of the case. Ensure steady progress toward the child's goal. Document findings from every visit.

Adjust

Adapt requirements and services to address changing circumstances. Update the case plan. If necessary, change the child's goal.

Reassess and Close

Achieve permanence for every child, teen, and young adult through reunification, guardianship, adoption, or other life-long connections. Ensure safety and stability for children and teen/young adult mastery of self-support skills. Arrange for appropriate, time-limited after-care and post-permanency services. Document results of the final assessment and overall outcomes. Close the case. ■

STRUCTURED DECISION MAKING™ SYSTEM GOALS AND OBJECTIVES

Structured Decision Making™ Goals:

1. Reduce subsequent maltreatment to children and families.
   a. Reduce subsequent referrals
   b. Reduce subsequent substantiations
   c. Reduce subsequent injuries
   d. Reduce subsequent foster placements

2. Expedite permanency for children.

Structured Decision Making™ Objectives:

1. Identify **critical decision points**.

2. Increase **reliability** of decisions.

3. Increase **validity** of decisions.

4. **Target resources** to families at **highest risk**.

5. **Use case-level data** to inform decisions throughout the agency.

Critical Characteristics of the Structured Decision Making™ System:

Reliability: Structured assessment tools and protocols systematically focus on the critical decision points in the life of a case, increasing worker consistency in assessment and service planning. Families are assessed more objectively and decision making is guided by facts of the case, rather than individual judgment.

Validity: Research repeatedly demonstrates the model's effectiveness at reducing subsequent abuse/neglect as evidenced by reduced rates of subsequent referrals, substantiations, injuries to children, and placements in foster care. The cornerstone of the model is the actuarial research-based risk assessment that accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Equity: Structured Decision Making™ (SDM) assessment tools ensure that critical case characteristics, safety concerns, and domains of family functioning are assessed for every family, every time, regardless of social differences. Detailed definitions for assessment items increase the likelihood that workers assess families using a similar framework. Research demonstrates racial equity of the risk assessment in classifying families across risk levels. The reunification assessment has demonstrated expedited permanency for children, regardless of race.

Utility: SDM™ and its tools are easy to use and understand. Assessment tools are designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case. Use of the tools provides workers with a means to focus the information gathering and assessment process. By focusing on critical characteristics, workers are able to organize case narrative in a meaningful way. Additionally, the tools facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitate communication among community partners and stakeholders.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
STRUCTURED DECISION MAKING™ AT A GLANCE

Discrete Decisions – Different Assessments
Each SDM assessment is designed to focus on critical characteristics that are necessary and relevant to a specific decision point in the life of a case.

Risk is defined as probability of future maltreatment.

Safety is defined as immediate danger of serious harm.

Needs are defined as areas that require ongoing services or interventions to improve functioning and reduce risk.

Structured Decision Making™ at a Glance				
Tool	**Which Cases**	**Who**	**When**	**Decision**
Family Risk Assessment	All investigations	Assigned investigator	• At close of investigation, prior to deciding whether to open an ongoing case • No later than 30 days from referral	• Probability of future harm • Whether to open for ongoing services • Contact guidelines
Parent and Child Strengths and Needs Assessments/Reassessment	All open in-home cases and open foster care with a goal of reunification	Social worker responsible for the initial case plan	• Within 30 days of placement or case opening • At least every 90 days, in conjunction with SDM risk reassessment or reunification assessment	• Priority parent strengths and needs to include in case plan • Child strengths and needs
In-Home Safety Assessment	Any open in-home case in which changing circumstances impact the safety of the children in the family	Social worker assigned to the case	• Assessment process is completed immediately upon worker receiving information which impacts the safety of the children in the home, and documented within one day	• Whether the child may remain in the home with no intervention, may remain in the home with safety interventions in place, or must be removed
Risk Reassessment	All CPS cases where all children are in the home	Social worker assigned to the case	• Every 90 days	• Whether to close the case • If the case remains open, new contact guidelines
Reunification Assessment	All foster care cases with at least one child out of the home and a goal of reunification	Family worker assigned to the case, in collaboration with the child worker(s)	• Every 90 days • Prior to permanency hearing or administrative review • When reunification is being considered	• Reunification • Continue reunification efforts • Change permanency goal • New contact guidelines

Excerpt from District of Columbia, Child and Family Services Agency, Structured Decision Making Protocol Manual, September 2005

Family Team Meetings[102]

The DC Child in Need of Protection Act of 2004 authorized an extension from 24 hours to 72 hours as the period between removal of a child from the home and the Court hearing regarding that removal. This extension allows CFSA, after removing children from their homes, to hold a FTM during the 72-hour period prior to the initial Court hearing. CFSA describes FTMs as "structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports and professional partners in creating plans for children's safety and in laying the groundwork for permanency." In preparation for the FTMs, coordinators from the Healthy Families/Thriving Communities Collaboratives or CFSA invite family and service providers to the meetings. The initial goals of the FTM program are to address planning and decision making for new removals and for changes in child placements known as "re-placements". The then District of Columbia Mayor, Anthony A. Williams strongly advocated this legislation through the then CFSA Director Brenda Donald Walker. The FTM program was initiated in January 2005 for all removals and in September 2005 for all placements/re-placements. CFSA conducts internal monitoring of the FTM process through monthly FTM Overview Summary reports. These internal evaluation reports have shown the number and type of FTMS held per month to range from 15 during the start-up month to 69 in November of 2006. More than a third of the FTMs on average have had fathers present.

Uniqueness of FTM Legislation

The Child and Family Services Agency FTM program utilizes a unique structure. The FTM legislation is unique in North America in the extent to which it enables extended family members to be involved prior to Court in the case of child removals and in the extent to which it mainstreams the use of a model of family involvement. Most other efforts are driven by 'good practice' mandates instead of legislation. The most comparable legislation seems to be New Zealand's Children, Young Persons, and Their Families Act (1989). In this law, when a child or young person is compulsorily removed from their caregiver, the child must be brought before the Family Court within five days to consider the custodial status of that child. At the same time, the Court must order that a family group conference (FGC) be convened. When ordered in these circumstances, the FGC must be convened within 30 days and completed within a further 30 days. Concerns have been raised in New Zealand that without a concerted attempt to engage family at the time of the removal crisis, the placement of the child with strangers may be prolonged. These concerns are well-placed given the substantial research evidence pointing to the decreasing likelihood over time of children returning to their families if they linger in foster care.

Crisis of Child Removal

The introduction of family inclusion at this early stage in the removal of a child raises questions about how families will respond in the midst of the removal crisis to these fast turnaround times. Concerns about the lack of time to thoughtfully plan for the longer range may be counterbalanced by the immediate effects of humanizing the legal process. Without this process, a plan may be set into motion dominated by legal and administrative procedures and creating

[102] The information provided here is a compilation from the Executive Summaries of two external evaluations of FTM conducted by the American Humane Association in 2005 and 2006.

obstacles to the family's having a say afterwards. More than other approaches, the Washington, D.C. innovation holds the promise of bringing families, including the extended family and their supporters, to the table earlier and in greater numbers than other approaches. Attention should be paid to differences in responses of families to the early inclusion and in longer-range outcomes related to child safety and permanency. The levels of pre-existing crisis and trauma in the family, especially when that trauma has involved exposure to interpersonal violence, are likely to be important in explaining differences between families. Contrary to popular beliefs espoused by some advocates of post-traumatic stress, de-briefing an event can prolong trauma. Recovery, though, is associated with the availability of positive social supports. The question then is, "Will FTMs serve as a means to build social supports around children and their families at a time of crisis?"

Guiding Principles

The FTM program has eight guiding principles:

1. Family Inclusive Philosophy: Meaningful family participation in planning & decision-making.
2. Strength and Need Based Planning: Strength-based assessment and plans are vitally important.
3. Ongoing Assessment and Planning: Plans are flexible for changing family needs.
4. Team Based Approach: Providing assistance to children & families requires a family inclusive team.
5. Multi-Systemic Intervention: Crucial to assessing, planning and providing suitable resources to children and their families.
6. Cultural and Community Responsiveness: Promote involvement of the community of origin in the planning with the families and children.
7. Brief Strategic Solution Focused Intervention: Use of flexible and easily accessible resources used to support those solutions.
8. Organizational Competence: Committed, qualified, trained and skilled staff, supported by an effectively structured organization.

Findings: Impact of FTMs on Child Safety and Permanency

1. There has been a statistically significant increase in the rate of relative foster care placements for children whose families participated in FTMs as compared to children whose families did not participate in FTMs.
2. Reunification upon exiting foster care is greater at a statistically significant rate for children whose families participated in FTMs compared to children whose families did not participate in FTMs.
3. Safety, as measured by recurrence of substantiated maltreatment, was similar for children whose families participated in FTMs and whose families did not participate in FTMs.

Family Team Meetings

Monthly Management Report: January 2007
Office of Clinical Practice, FTM Unit

Referral and Coordination

Total referrals to FTM:	**88**
• At-Risk of Removal:	20 (23%)
• Removal:	18 (20%)
• Placement:	13 (15%)
• Placement Prevention	18 (20%)
• YCC	7 (8%)
• Residential/Acute	11 (14%)

Total FTMs coordinated:	88
• CFSA:	38 (43%)
• Edgewood-Brookland:	19 (22%)
• Columbia Heights-Shaw:	20 (23%)
• Dept. Mental Health	11 (13%)

Meeting Occurrence

Total FTMs held:	*62*
• ***At-Risk Removal FTMs***	***15 (24%)***
• ***Removal FTMs***	***20 (32%)***
• ***Placement FTMs***	***18 (29%)***
• Residential	8 (13%)
• Acute	0 (0%)
• YCC	0 (0%)

Ethnicity and Related Needs

• African American	61 (98%)
• Caucasian	1 (2%)
Total Spanish-speaking families:	0 (0%)

Meeting Characteristics

Total Children Served:	**97**
Av. # of participants per FTM:	7
Total Family Members:	214
Av. # family member participants:	3.5
FTM Maternal Participants	115
FTM Paternal Participants	20
FTMs with fathers present:	14 (23%)
FTMs with Father Incarcerated:	2 (3%)
FTMs with Ongoing Social Worker:	41 (66%)
FTMs with GAL:	36 (58%)

Placement Identification

FTM Prevented Placement Change	14 (23%)
Team Agrees Placement Change Needed	29 (47%)
FTMs with Children Remaining Home	13 (21%)
FTMs with Children Returning Home	1 (2%)
FTMs w/ relative placement	15 (24%)
Kinship Agreed to Seek Licensure Post FTM	7 (11%)
Kin Placement Resource Lives Outside DC	8
FTMs with Health Evaluation Referral[1]	51 (82%)

COLLABORATIVE SERVICES

The seven Healthy Families Thriving Community Collaboratives have three major service categories. Those categories are Family Stabilization, Community Capacity Building and Specialized Services. The following will represent the services provided under each of the three categories. All Collaboratives provide Family Stabilization and Community Capacity Building Services. Edgewood /Brookland and Columbia Heights/ Shaw Collaboratives provide Family Team Meeting under the Specialized Services category.

Family Stabilization

Family Stabilization involves the provision of interventions across the service continuum aimed at resolving immediate crisis, identifying and linking to needed resources, and/or providing the support and supervision necessary to achieve permanency goals and family wellbeing. Services provided include the following service initiatives: Information and Referral, Community Case Services, Supportive Case Services (including visitation), and Youth Aftercare.

Information and Referral Services

Service Definition: Information and Referral Services provide information about, and/or referrals to, community resources to meet immediate and long-term needs such as job placement, legal services, food and transportation, mental health services, domestic violence services, shelter care, health and medical services, and housing assistance programs.

Community Case Services

Service Definition: Community Cases are cases in which families are not involved in the child welfare system. The families may self-refer or be referred by another public or private agency or community resident. This category also includes those cases investigated by CFSA which are not opened but referred to the Collaborative for ongoing services and supports. The services to be provided should support and strengthen the family to prevent them from entering or re-entering the child welfare system. Full case responsibility, responsibility for the full range of case management, service delivery, permanency planning and coordination duties for a child, family or both, is assumed by the Collaborative.

Cases within this category include:

- General community cases consisting of families that are self-referred or referred by individuals or organizations in the community or agencies other than CFSA; and
- Unsubstantiated cases referred by CFSA Intake Investigators for which identified service needs can be addressed through Collaborative interventions.
- Cases that have been investigated and deemed to be a low to moderate risk for abuse and neglect.

Supportive Case Services

Supportive Case Services connect families with open CFSA cases to the Collaboratives for neighborhood-based support and service linkage. These cases include families in which children are residing; families with a plan of reunification; and also kinship care, guardianship, foster parent, and prospective adoptive families both before and after they have achieved reunification.

During the period that supportive assistance is provided the CFSA worker retains primary responsibility for the family with support from a Collaborative worker.

Service Definition: These are cases in which there is a CFSA social worker who has full case responsibility for case management functions. Collaborative staff provides support to the CFSA worker to serve the family. Collaborative staff assists the worker by linking families to neighborhood-based programs and support services and by providing visitation supports. These cases include families in which children are residing; families with a plan of reunification; and also kinship care, guardianship, foster parent, and adoptive families. These services are provided both before and after they have achieved reunification or other forms of permanency. These services are initiated through a joint conference by CFSA and the Collaborative with the referred family.

Visitation support services are provided to assist CFSA's efforts to reunify families with their children and facilitate other permanency outcomes. Visitation services are provided to families living within the Collaborative boundaries whose children are in out-of-home placement as long as that placement is within 15 miles of the DC limits. Whenever possible, visits occur either in community settings that promote positive, age-appropriate interaction, or at the Contractor's facilities in the community. The scope of visitation services shall be determined in relation to Court-approved plans. Thus, if appropriate, in-home family visits are also facilitated. Visitation support shall occur on weekdays or weekends, depending upon the family's situation. These services are initiated through a joint conference between CFSA and a Collaborative worker.

Youth Aftercare
It is well documented that youth aging out of the foster care system face an array of challenges, including homelessness, unemployment, or incarceration. Transitioning from living at home to living independently is often very difficult for anyone at this age; however, children living in foster care often lack the support system needed to achieve self-sufficiency effectively.

Service Definition: Youth Aftercare provides a community-based support network for young adults that have achieved reunification, kinship, guardianship, adoption or are preparing for or have achieved independence, and who have exited or are in the process of exiting from the foster care system.

Community Capacity Building
Capacity building is aimed at developing internal and community resources to meet the needs of residents in the target areas of the Collaborative. There are three major categories of capacity building activities: Family Support Network, Partner and Staff Development and Community Engagement. The overall goal of Capacity Building is to develop and expand programs and supports for families and children at the neighborhood level.

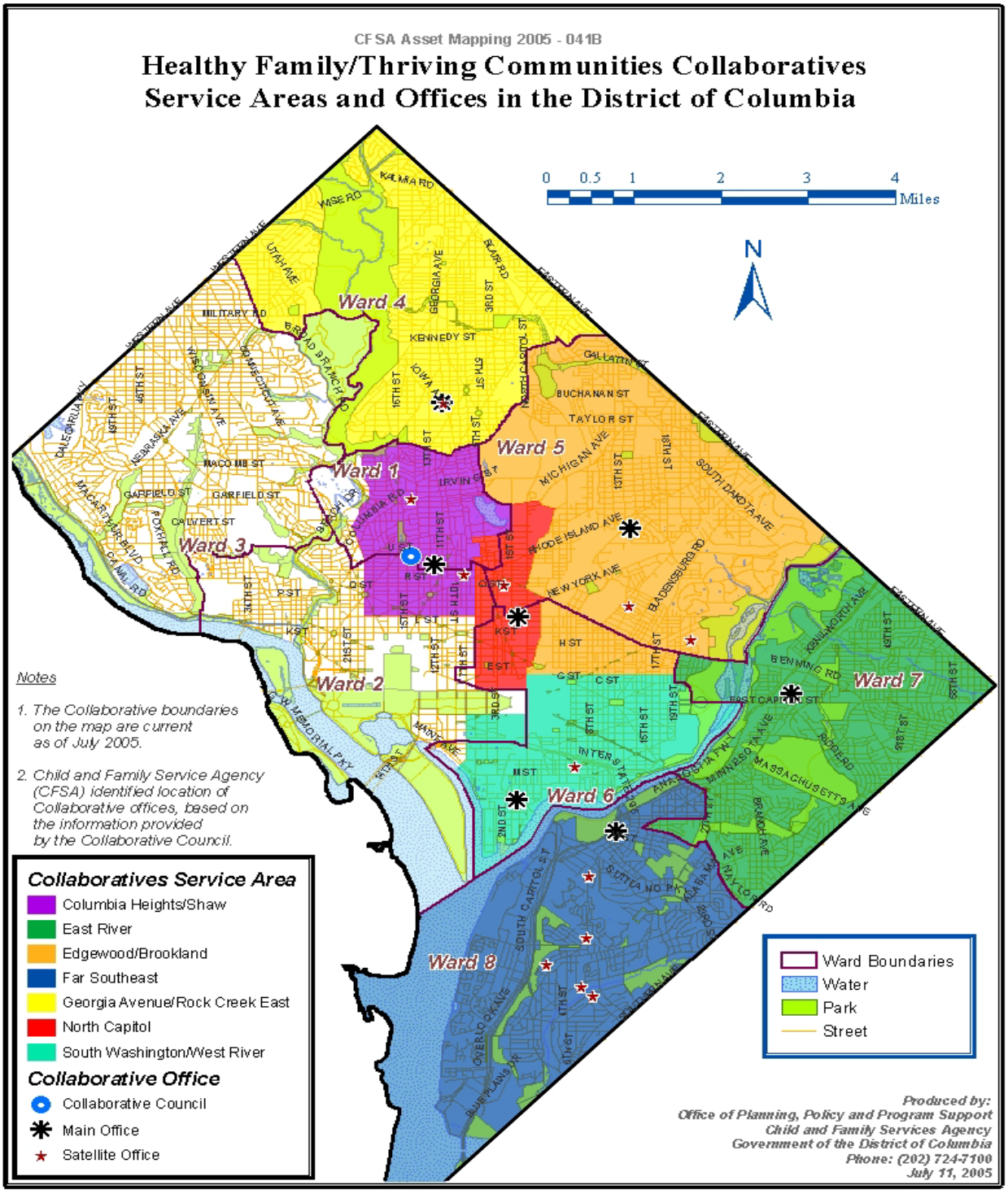
Family Support Network
Service Definition: Collaboratives organize and facilitate family support programs that increase awareness of and prevent child abuse and neglect by helping parents gain the skills needed to sustain and nurture themselves and their families, and to expand and array of services available to youth and their families though the development of youth-based programs.

Partner and Staff Development
Service Definition: Partner and Staff Development activities ensure that community based organizations, residents and staff have the necessary knowledge and resources to care for children and families. Staff and partner development activities may include programs aimed at developing resource capacity, technical assistance, training, and Board/governance activities.

Community Engagement
Service Definition: Community engagement activities include special events and daily outreach activities, which enable a Collaborative to link with service providers and residents to build and expand the network and partnerships that support our mission of caring for children and strengthening families and building stronger communities.

Specialized Services
Family Team Coordination
This year the Collaboratives will partner with CFSA to coordinate Family Team Meetings for families who children have been removed or are at risk of being removed. We believe that this effort could have a major impact on how decisions are made regarding removals of children from their family and community. In this process we will provide emergency coordination for CFSA Family Team Meetings to ensure the highest level of preparation and participation for key family members and their support system, service providers and other professionals.

Service Definition: Coordinators have primary responsibility for the logistics of Family Team Meetings. Coordinators invite and prepare families, family support, resource parents, and professional partners for meetings. Before, during, and after meetings, coordinators plan a central role in communicating issues and decisions to all participants.


CFSA Asset Mapping 2005 - 041B
Healthy Family/Thriving Communities Collaboratives
Service Areas and Offices in the District of Columbia
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Miles
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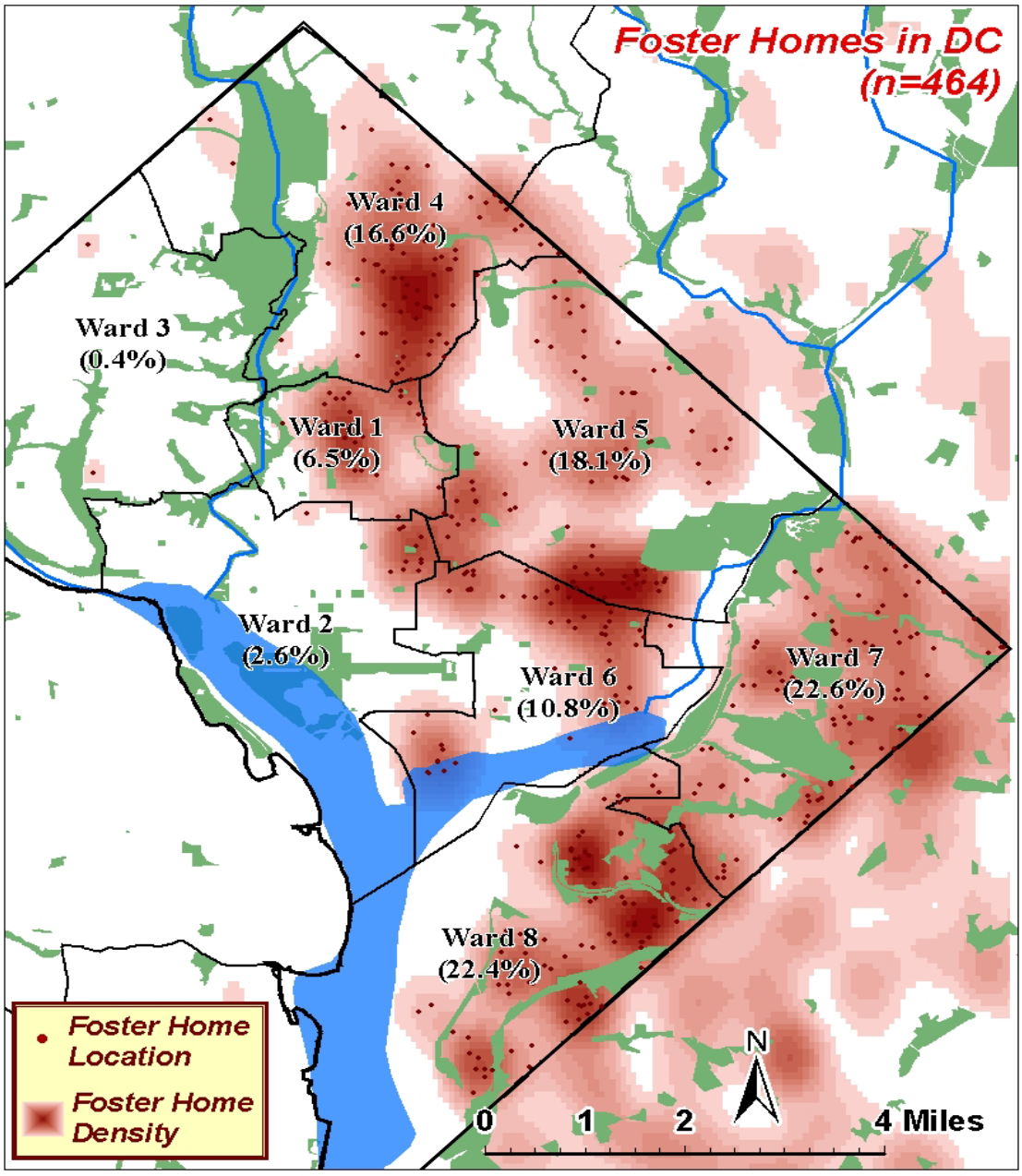
Ward 4
Ward 5
Ward 6
Ward 7
Ward 8
Notes
1. The Collaborative boundaries on the map are current as of July 2005.
2. Child and Family Service Agency (CFSA) identified location of Collaborative offices, based on the information provided by the Collaborative Council.
Collaboratives Service Area
Columbia Heights/Shaw
East River
Edgewood/Brookland
Far Southeast
Georgia Avenue/Rock Creek East
North Capitol
South Washington/West River
Collaborative Office
Collaborative Council
Main Office
Satellite Office
Ward Boundaries
Water
Park
Street
Produced by:
Office of Planning, Policy and Program Support
Child and Family Services Agency
Government of the District of Columbia
Phone: (202) 724-7100
July 11, 2005

Healthy Families/Thriving Communities Collaboratives
Service Target Status - FY06

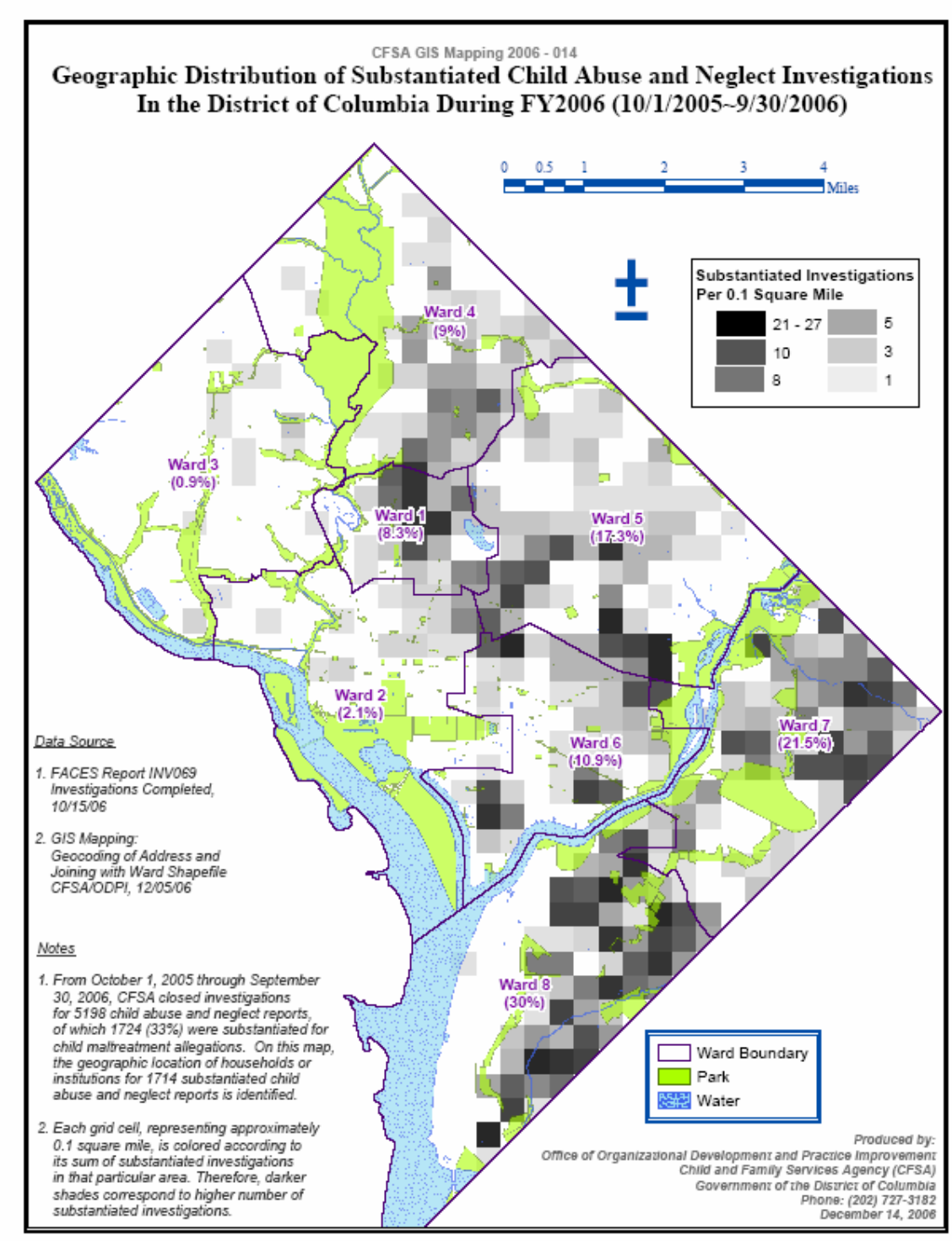
Initiative	Columbia Heights/Shaw $1,832,245.28		East of the River $1,273,062.09		Edgewood/Brookland $1,767,120.33		Far Southeast $1,730,741		Georgia Avenue $943,587.05		North Capitol $936,811.05	
	FY06	**As of 3/31/06**	**FY06**	**As of 3/31/06**	***FY06***	**As of 3/31/06**	**FY06**	**As of 3/31/06**	**FY06**	**As of 3/31/06**	**FY06**	**As of 3/31/06**
Family Stabilization: Community Cases	200 60 cfsa 140 comm	**180/90% 54/90% 126/90%**	300 70 cfsa 230 comm	**241/80% 42/60% 199/87%**	250 75 cfsa 175 comm	**155/62% 51/68% 104/59%**	300 100 cfsa 200 comm	**271/57% 94/94/% 177/89%**	150 25 cfsa 125 com	**83/55% 39/156% 44/35%**	60 10 cfsa 50 comm	**75/1258% 10/100% 65/130%**
Family Stabilization: Information and Referral	1000	**712 71%**	800	**609 76%**	1000	**703 70%**	1000	**1127 113%**	330	**170 52%**	500	**1170 234%**
Specialized Services: Family Team Meeting	135	**181 134%**	N/A	***N/A***	135	**130 96%**	N/A	**N/A**	N/A	**N/A**	N/A	**N/A**
Family Stabilization: Supportive Case Management	90	**86 96%**	75	**63 84%**	45	**65 144%**	70	**113 161%**	30	**30 100%**	25	**17 68%**
Family Stabilization: Youth Aftercare Services	45	**33 73%**	20	**35 175%**	65	**49 75%**	30	**25 83%**	30	**35 117%**	20	**31 155%**
Capacity Building Services: Family Support Network Services	160 Parents		300 Parents		50 Parents 200 Youth		45 Parents 20 from Specialty Support groups 50 youth		20 Parents 50 Youth		Not Stated	
Capacity Building Services: Staff and Partner Development	5 Community Organizations 170 partner staff and community members		22 Staffers 55 Partner Individuals and Organizations		25 New residents 5 community entities100 resource database		Not stated		Increase capacity of 3 groups to serve Children & Families		Not Stated	
Capacity Building Services: Community Engagement	250 Community Members		1235 Community Members		300 Community Members		800 Community Members		5 new partners database ,engage 25 residents per month		Not Stated	

Collective Summary **As of June 30, 2006**		**Community Cases** Target 1380 YTD 1123 % of Target 81%	**Information & Referral** Target 5130 YTD 5012 % of Target 98%	**FTM** Target 270 YTD 316 % of Target 117%	**Supportive Cases** Target 385 YTD 402 % of Target 104%	**Aftercare** Target 240 YTD 248 % of Target 103**%**	
Collective Summary **As of June 30, 2005**		**Community Cases** Target 1440 YTD 1300 % of Target 90%	**Information & Referral** Target 5130 YTD 4749 % of Target 93%	**FTM** Target 360 YTD 170 % of Target 47%	**Supportive Cases** Target 515 YTD 346 % of Target 67%	**Aftercare** Target 150 YTD 159 % of Target 106**%**	

Geographic Distribution of Foster Homes with Children Placed in DC as of 6/30/05



Note: As of 6/30/05, 468 foster homes out of 1210 were located in the District of Columbia. Of those, geographic location and ward information for 464 homes are identified on the above map.


CFSA GIS Mapping 2006 - 014
Geographic Distribution of Substantiated Child Abuse and Neglect Investigations
In the District of Columbia During FY2006 (10/1/2005~9/30/2006)
0 0.5 1 2 3 4
Miles
Substantiated Investigations
Per 0.1 Square Mile
21 - 27
10
8
5
3
1
Ward 4 (9%)
Ward 3 (0.9%)
Ward 1 (8.3%)
Ward 5 (17.3%)
Ward 2 (2.1%)
Ward 6 (10.9%)
Ward 7 (21.5%)
Ward 8 (30%)
Data Source
1. FACES Report INV069 Investigations Completed, 10/15/06
2. GIS Mapping: Geocoding of Address and Joining with Ward Shapefile CFSA/ODPI, 12/05/06
Notes
1. From October 1, 2005 through September 30, 2006, CFSA closed investigations for 5198 child abuse and neglect reports, of which 1724 (33%) were substantiated for child maltreatment allegations. On this map, the geographic location of households or institutions for 1714 substantiated child abuse and neglect reports is identified.
2. Each grid cell, representing approximately 0.1 square mile, is colored according to its sum of substantiated investigations in that particular area. Therefore, darker shades correspond to higher number of substantiated investigations.
Ward Boundary
Park
Water
Produced by:
Office of Organizational Development and Practice Improvement
Child and Family Services Agency (CFSA)
Government of the District of Columbia
Phone: (202) 727-3182
December 14, 2006

CFSA Services		
Adoption Subsidy Continuing Levels I-IV, One Time Negotiated	**Advocacy**	**Alcohol Abuse**
Anger Management	**Audiology**	**Behavior Management**
Birth Certificate	**Burial Expenses**	**Case Management** Split Cases
Child Care Center DC / Out of State	**Child Care Licensed In-Home** DC / Out of State	**Clothing** Continuing & Emergency
College Pre-College Services Residency, Stipend, Tuition, Books, Fees	**Comprehensive Clinical Family Services** Family Preservation Reunification	**Continuing Case Management** Child Family
Cost Reimbursement Administrative Cost, Capital Equipment Clinical Therapist, Court Ordered Services, Day Care, Education	**Cost Reimbursement** Family Support, Medical, Mental Health, Mentoring, Miscellaneous Services, Physical Health	**Cost Reimbursement** Psychiatrist, Psychologist, Recreation, Rent, Socio-Cultural Activities Transportation, Tutoring
Death Certificate	**Dental Services**	**Educational Diagnosis**
Educational Travel One Way, Round Trip, Special Education	**Emergency Assistance** Kinship Support	**Flex Funds** Adoption Incentive Fund, Early Intervention Utility Assistance
Food	**Foster Parent Visitation Stipend**	**Furniture**
General Stipend	**Graduation Expense**	**Grandparent Subsidy** Full Subsidy, TANF 1-5
Group Therapy	**Guardianship Subsidy** Level 1-4 100%	**Home Study** Adoption Incentive Fund
Housing Subsidy/Section 8	**Homemaker**	**Intensive Intervention/Return Diversion**
Interpreting Services	**Laboratory Fees**	**Language Development**
Legal Services Adoption Incentive Fund	**Medical Services** Travel	**Mentoring** Intensive, Out of State, Regular
Neurological Services	**Non-Client Demand Payments**	**Nursing Care**
Other Client Related Travel	**OECD Child Care**	**Occupational Therapy**
One-On-One Continuing & Emergency	**Other** Continuing & Emergency	**Personal Care** Allowance
Parent Support Groups	**Physical Therapy**	**Private School Tuition**
Prescription Medication	**Public School Tuition**	**Psychiatric & Psychological Service**
Respite Care Continuing & Emergency	**Recreational**	**Rental Assistance**
Room & Board Congregate Care, Family Foster Homes, Diagnostic & Emergency Care, Kinship Care, Fragile & Mental Retardation,	**Room & Board** Refugee Minor Foster Family Residential Treatment Facility, Teen Parents	**Room & Board** Teen Mothers/Parents, Therapeutic & Traditional Foster Family Homes & Group Homes (Continuing & Emergency)
Security Deposit	**Special Education**	**Speech Therapy**

Substance Abuse Services In-Patient Out-Patient	**Summer Camp** Family Preservation	**Therapeutic After School Services**
Transportation Group Rate, Individual Rate	**Tutoring** Group, Individual On-Site & Home	**Vocational Services** Education, Rehabilitation Training, Tuition, CKL Fees